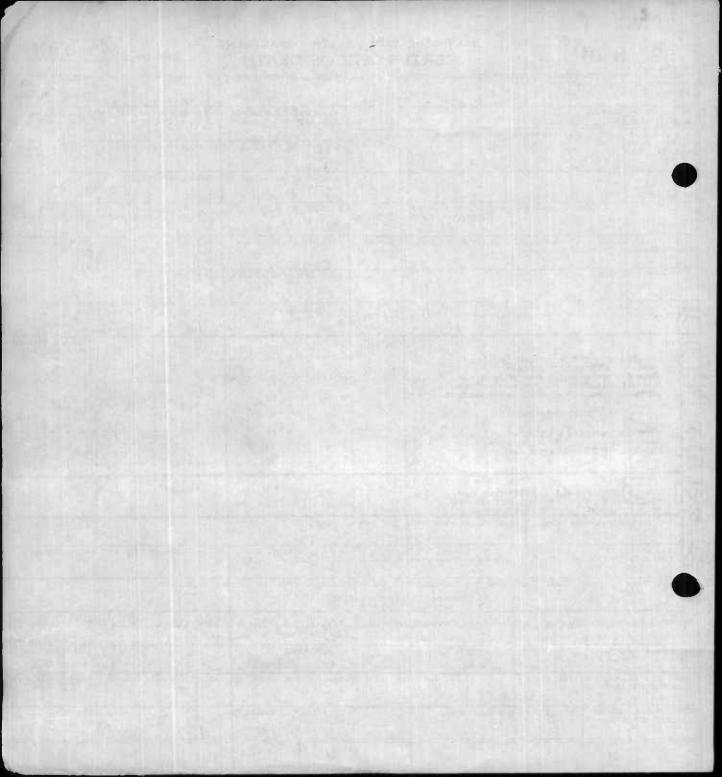
township)

20, AUTOPSY (If in Baltimore City, give exact location) , 195 that I last saw the deceased alive on 10, 1952, and that death occurred at 12:00 m., from the causes and on the date stated above, 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) -16-52 Buria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Huntington on 1303 VS 150

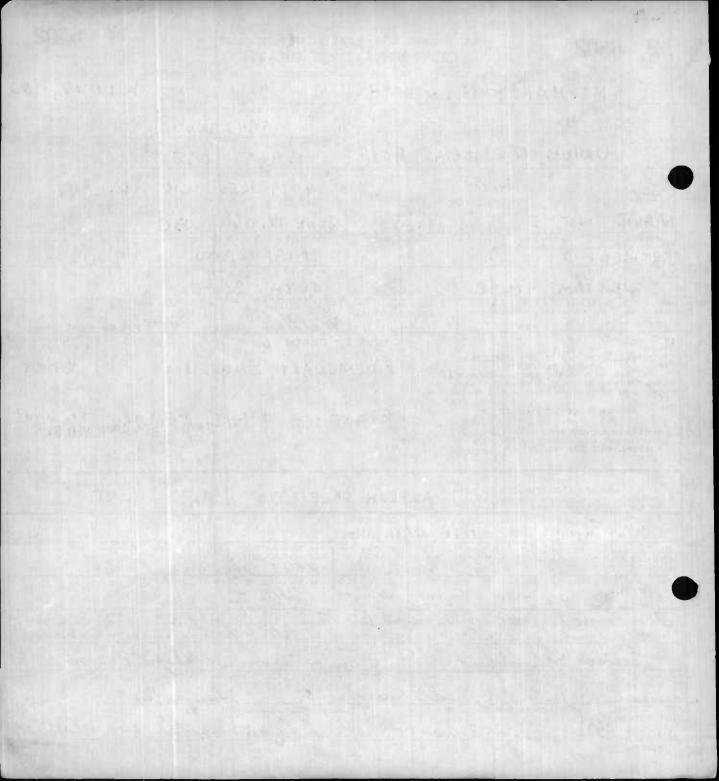


25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150



Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) FLOYD July 9, 1952 HASKELL DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Baltimore General Hosp. Baltimore Vre D. STREET ADDRESS (If rural, give location Mos. 796 W. Saratoga Street ength of stay in Baltimore Days 8 DATE OF BIRTH 9. AGE (In years | f Under 1 Year | f Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) colored 20 1908 44 male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired WHAT COUNTRY? 14. MOTHER'S MAIDEN 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 215-05-5893 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Hypertensive and arteriosclerotic heart failure, asthenia, etc. It means the disease, cardiovascular disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES Y (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER Di v lul MEDICAL INVESTIGATOR BURIAL, CREMA-24BL DATE 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 5. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

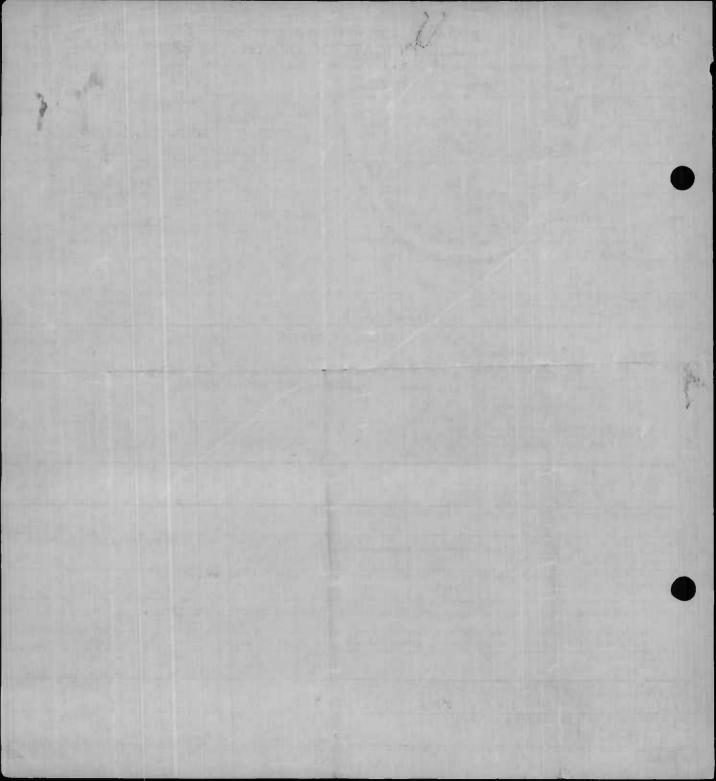
important.

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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6504

BIRTH NO.	OF DEATH	egistered No.
1. NAME OF DECEASED (Type or Print)	2. DAT OF DEA	4.0.
A. Baltimore City Maryland 2423 Phister Court A.	. USUAL RESIDENCE (Where dece	ased Ived. If institution: residence COVINTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C.	CITY OR TOWN of outside co	rporate limits, will RURAL and give township
Yrs. p.	Sattemore. STREET ADDRESS, (If rural, give	location)
c. Length of stay in Baltimore 28 4. Mos. Days	2423 Pfister	Court.
5. SEX 6. COLOR OR RACE 7, SINGUE, MARRIED, 8. WIDOWED DIVORCED (Specify) 3	DATE OF BIRTH 9. AGE last b	(In years if Under I Year if Under 24 Hours Min.
ork done during most of working life, even if retired) INDUSTRY	1. BIRTHPLACE (State or foreign coun	ntry) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14	4. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Petral Petral	ADDRESS 2423 (Se Ton Para)
18. 260X CAUSE OF	DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SCLEROTIC CARDIO-	, 1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	***************************************	11777
ANTECEDENT CAUSES		

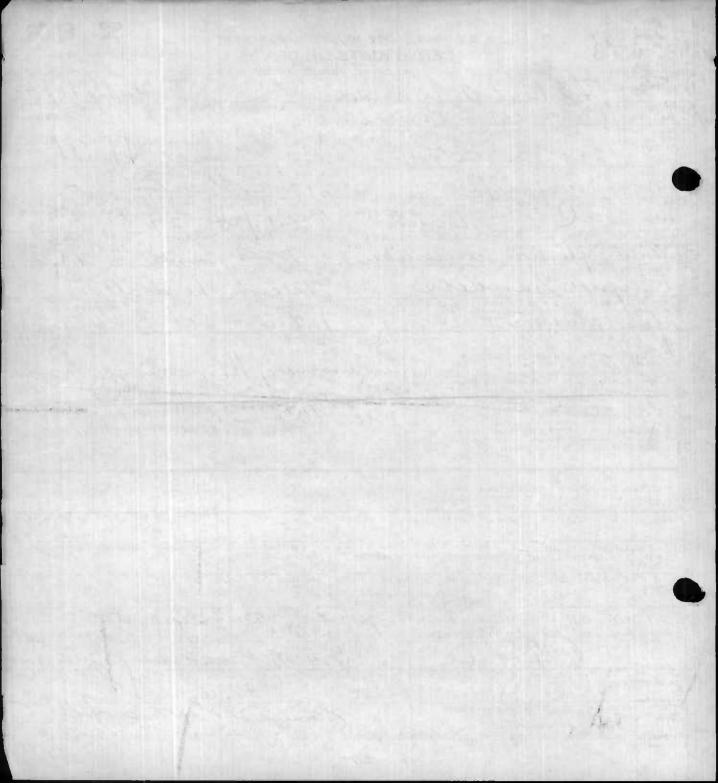
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	BETES MELLITUS	MAR.1950
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATI	ION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Balti	imore City, give exact location)
PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WALLE AT WORK AT WORK	21F, HOW DID INJURY OCCUR	7
22. I hereby certify that I attended the deceased from May	23 , 1952, to rely	11, 1952, that I last saw the
deceased alive on 11, 19 52 and that death occurred		s and on the date stated above.
23A. SIGNATURE & Drenge M.D. 23B.	ADDRESS Chester LA	23c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY	OR CREMATORY 240. LOCATION	(City, town, or county) (State)
Burial July 15 1952 St. Stanes	5. FUNERAL DIRECTOR	elk are md
LOGAL REGISTRAR Tuntington Williams, My	shu & Duda In	2829 Hudam. A

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6505

Registered No. 1. NAME OF DECEASED STANISLAW 2. DATE (Type or Print) JAKUBOWSKI DEATH JULY 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MARYLAND B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RUDAL and give C. CITY OR TOWN INSTITUTION HOSPITAL MERLY township) BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. S. CHESTER ST. length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MALE WHITE MARRISO 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? TOLAND CANDY STORF STORBKEEPER USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in angenown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnk nown) (If yes, give war or dates of service) SECURITY NO. KELORDS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., | NEPHRO SCLEROSIS heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DENERALIZED ARTERIOSCLEROSIS RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE , 1954 to JULY 12 . 1952 that I last saw the 22. I hereby certify that I attended the deceased from JULY deceased alive on July 12, 1952, and that death occurred at 8:10 km., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMY- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 2 o. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LQCAL REGISTRAR VS 150

	536 52 6506 BIRTH NO.	ALTIMORE CITY HE CERTIFICATE	EALTH DEPARTMENT E OF DEATH	52 Registered No.	6506		
	1. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH: A. Baltimore City, Maryland 2/7-2	Sande Prest	4. USUAL RESIDENCE (V	2. DATE OF DEATH Where deceased lived, If into	titution: residence		
ly.	8. FULL NAME OF (If not in hospital or institution 17 - E. Ogeo	ution, give street address or location)	' marylan	outside corporate limit, v	,		
and legibly.	Length of stay in Baltimore Life 5.SEX 6.COLON OR RACE 7.SING	Yrs. Mos. Days	217- E, 1		ST If Under 24 Hours		
clearly a		WED, DIVORCED (Specify) AND STREET ID OF BUSINESS OR INDUSTRY	OCT. 13/24 11. BIRTHPLACE State or for	last birthday) Month 2 7 preign country) 12	Days Hours Min.		
death	13. FATHER'S NAME Sande	ess	14. MOTHER'S MAIDEN N.	hliwall	-4.5.4		
causes of	15. WAS DECENSED EVER IN U. S. ARMED FORCES? (Yes, no or unbown) (II yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO.	Tutter -	217- E. Ph	RESS Laton D INTERVAL BETWEEN		
write the ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat	8., (A) Lule	nonary Her	nonhage	2 ys		
please	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	ING THE DUE TO	.T.B.C.				
Physicians:	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	TED					
nt.	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
important.	LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., ic, farm, factory, atreet, office bldg., e		f in Baltimore City, give	exact location)		
ally in	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK					
espec	22. I hereby certify that I attended the deceased alive on July 10, 1952	e deceased from Lec- and that death occur	red at 630 A.m., from t	he couses and on the	hat I last saw the date stated above.		
age is	23A. SIGNATURE	e, M.D. (924-N. Pro-	advary	July 1.0/52		
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL JULY 15, 1952	MOUNT CALVARY	RY OR CREMATORY 24D. L	OCATION (City, Jwn, 6)	county (State)		
correct	DATE RECEIVED BY REGISTRAR'S SIGNAT	1/11-	SAMUEL W SULLIVA	Villian A N. JR 1011 N. A	WRESS HIJNGTON AV		



25. FUNERAL DIRECTOR

VS 150

LOCAL REGISTRAR

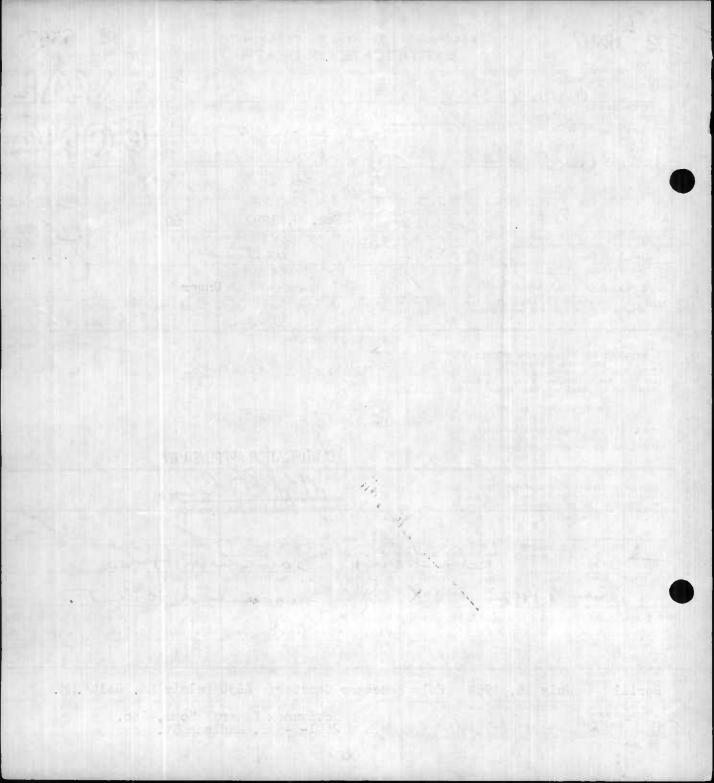
JUL 1 4 1952 | Local Registrary | Schimune & Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

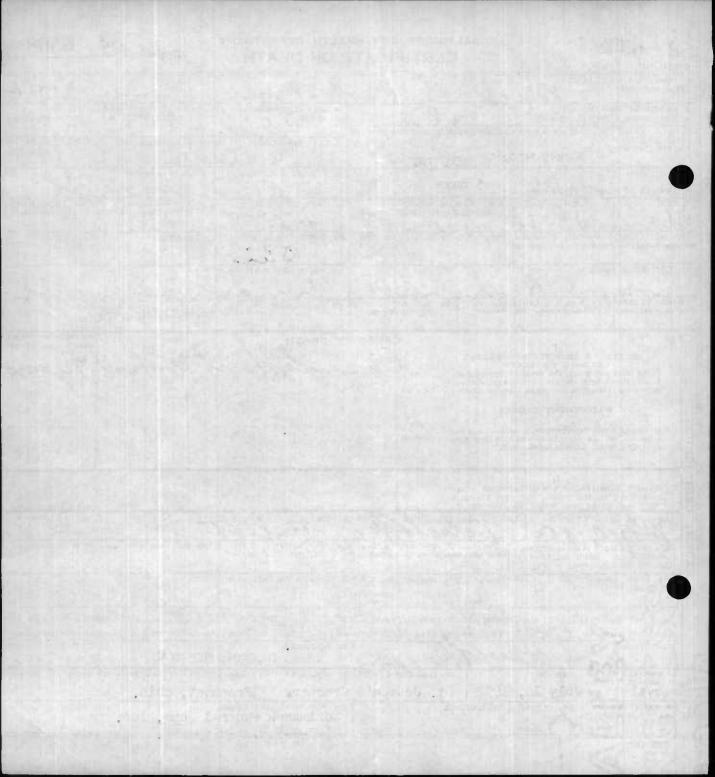
N 981.3

REGISTRAR'S SIGNATURE

DATE RECEIVED BY



האלים היונים ביינים היונים	Y HEALTH DEPARTMENT	Registered No.	6508			
BIRTH NO. Non Res. CERTIFICATE OF DEATH Registered No.						
1. NAME OF DECEASED Michael L	ochotski	2. DATE OF DEATH	13,1952			
a. Baltimore City, Maryland	A. STATE//CO	Where deceased lived. If justi B COUNTY	itution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street ad logical institution) JOHNS HOPKINS HOSPITAL	4: \	f outside corporate limits, wr	rite RURAL and give township)			
		rural, give location)	1-0			
c. Length of stay in Baltimore 5 days	Mos. Days	nelson	34			
Male White WIDOWED, DIVORCED	e 6-8-48	4	Days Hours Min.			
	OR USTRY OLis	oreign country) 12.	CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME GOOD	. 0			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SDCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	NO. 17. INFORMANT JOHNS	HOPKINS HOSPITA	ESS			
			INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ongentally an		STAND DEATH			
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	,		***************************************			
(c)						
TRIBUTING TO THE DEATH, BUT NOT RELATED						
. 184. DATE OF OPERATION & 198. MAJOR ENDINGS OF	OPERATION EN LA	4	20. AUTOPSY?			
11A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, officeuse of Death	(e. g., is or 21c. WHERE DID (ceebidg.ett.) INJURY OCCUR?	If in Baltimore City, give	exact location)			
	CURRED 21F. HOW DID INJUR	Y OCCUR?				
22. I hereby certify that I attended the deceased from	7 6 10 7	-13- ,1952-th	nat I last saw the			
deceased alive on / 32, 1952 and that death	occurred avering m., from t	the causes and on the d	late stated above.			
23A. SIGNATURE	JOHNS HOPKINS		T-13-52			
TION, REMOVAL (Specify)	EMETERY OR CREMATORY 24D. L h's Cemetery Free!	OCATION (City, town, or comont, Ohio.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUL 14 1952 Huntington Walliaguas, M.	Schimunek Funera	al Home, Inc.	DRESS			
VS 150	8 3 5 To	ison St.				



26	
52	6509
BIRTH NO	

there age is especially unportant. Infinitions: prease write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6509

Ві	RTH NO.			CERTIF	ICATI	E OF DEATH	Registered 1	.10
1.	NAME OF D	ECEASED				2. DATE	4	
(T:	vpe or Print)		RA K	UTCHE		OF DEATH 7/	12/52	
3.	, PLACE OF DEATH:					4. USUAL RESIDENCE) DEATH	
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR // location)					A. STATE md.	B. COUNTY	befor admission)
							Annual Language Control	ts, write RURAL and give
	STITUTION	Jutheran	Ha	spital.		C. CITT OR TOWN	i outside corpogate iimi	township)
14						Dallo.		
6				_ life	Yrs. Mos.	1 -1 -1	rural, give location)	
		tay in Baltimore			Days		mullon a	we.
5.	SEX	6. COLOR OR RACE	7. SINGLE	ED, DIVORCE	D (Specify)	B. DATE OF BIRTH	9. AGE (In years last hirthday) Mo	onths Days Hours Min.
	F	W	N			5/28/1883	69	
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINES		11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF
WOLK	Louise	of workinglife, even if retired)	_	IN	DUSTRY	Baltimore,	mol.	WHAT COUNTRY?
13.	FATHER'S					14. MOTHER'S MAIDEN N		U.S.A.
		Leonar	d Jacol					1
						Rosa Wit	ccig	
(Yes	, was DECEASE , oo or onkoown)	D EVER IN U. S. ARMEL (If yee, give war or date	FORCES?	16, SOCIAL SECURIT	TY NO.	17. INFORMANT	A	DDRESS
			Total Sci	no		Lenora Walton, F	Perry Hall, M	d.
	18. 33/	X		C	AUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	F OR CONDITION	DIRECTIV		_			ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cerebral Hemosphage. 5 days 4							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
0		ANTECEDENT CAUS	SES		11	P		A CONTRACTOR
Z	(B) Jula Insumprise							
원	RISE TO T	S OR CONDITIONS, I	STATING TH	IG DUE TO				
A	UNDERLY	YING CONDITION LA	AST.					
문								
F		11		(C)	5			
田田	OTHER S	SIGNIFICANT CONDI	TIONS CON	0	0.	10 4 4 6 1 1	. 01	
Ū.	TO THE D	ISEASE OR CONDITION	CAUSING I	т		- Marinari	rai kum	wate
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDWIGS C	F OPER	ATION Quent	elsease, m	AUTOPSY?
CA.								YES NO
EDI	HOMICIDE	NT, SUICIDE, (Specify)	ebout home, f	CE OF INJUR arm, fectory, street,	office bldg., e	or 21c. WHERE DID (If in Baltimore City,	give exact location)
M.								
41	21D. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY	OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
K.	F INJURY				NOT WHILE			
T			m.	WORK L	AT WORK L	=/-	-/-	
22. I hereby certify that I attended the deceased from 7/7, 1952, to 7/12, 1952 that I last so deceased alive on 7/12, 1952, and that death occurred at 223 cm., from the causes and on the date stated of the causes are considered at 223 cm.							Z that I last saw the	
	deceased al		_, 19_52,	and that dea			the causes and on t	
-	Z3A. SIGNAT	TURES //	000	10	2	3B. ADDRESS	1/ A	23C. DATE SIGNED
	00	- 1/a	reve		м. D.	Lullera		111 my 25
710	A. BURIAL, C N. REMOVAL (S	pecify)				RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
	Burial	July 16,	1952	Oak Law			rn Ave. Rd.,	Baltimore, Md.
DA	TE RECEIVE	D BY REGISTRAR	A America	RE /	+	25 FUNERAL DIRECTOR	- 7 11	ADDRESS
1 -0	CAL REGIST.	1952 Hunt	ington	Welliage	1- W.	2601-3-5 E. Ma	ral Home, Indian	C.
	VS 150		10 1	2 1	10	2001-j-j E. Ma	IGT SOIL S.F.	

Give State		
A STATE OF THE STA	r mit. s	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6510 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) GEORGE PEGELOW DEATH July 13. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits South Baltimore General Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 919 McHenry St. ength of stay in Baltimore Days 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male White 108 KIND OF BUSINESS OR USUAL OCCUPATION (Givekind of 12. CITIZEN OF WHAT COUNTRY IMDUSTRY FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECENSED EVER IN U. S ARMED FORCES?
(Yee, no or unknown) (If yee, give well or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 422.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

> DUE TO (C) ..

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.)

UNDERLYING [] OR CONTRIB. UTING [CAUSE OF DEATH.

21D. TiME (Month) (Day) (Year) (Hour) OF INJURY

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident \(\subseteq \), suicide \(\subseteq \). homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE

24A. BURIAL. CREMA-24B. DATE TION, REMOVAL (Specify)

L REGISTRAR

RECEIVED BY REGISTRAR'S

21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

238. CHIEF MEDICAL EXAMINER

21F. HOW DID INJURY OCCUR?

Autopsy, Inspection or Inquiry

(If in Baltimore City, give exact location)

23c. DATE SIGNED

20. AUTOPSY

before admission)

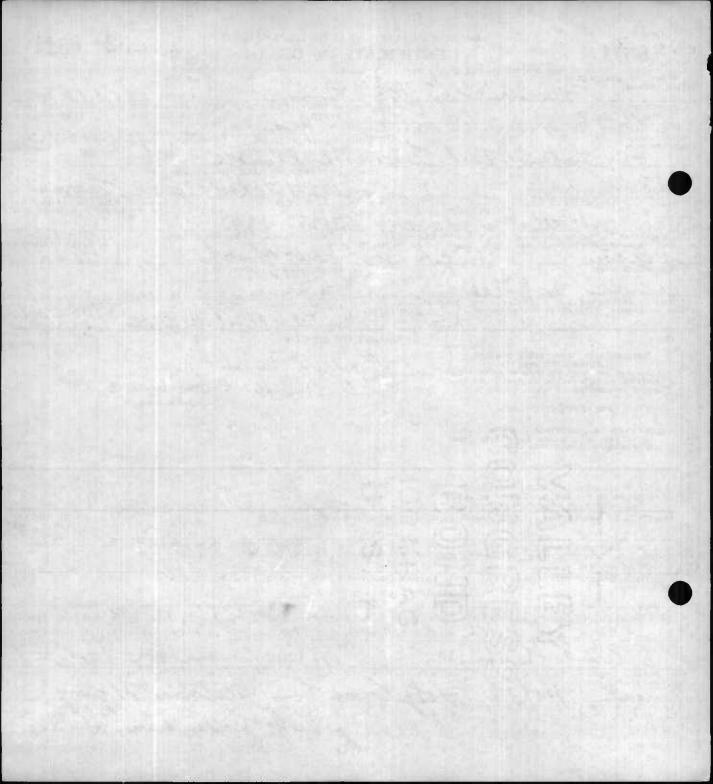
township)

52 6511 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6511

BI	RTH NO.			it i i i c	TE O. DEA			
1. (T)	NAME OF Divpe or Print)	Fran	cis (1. m	e stee		2. DATE OF DEATH 7	1/2/52
	Baltimore C	EATH: Sity, Maryland			4. USUAL RES	IDENCE (Who	ere deceased lived, B. COUNTY	If institution: residence before admission)
HC	FULL NAME OSPITAL OR	OF (If not in hospital	al or institution,	rive street addres		WN (If or	utside Arporat lin	mits with RURAL and give
	152	y Latrab	e Park	Gerrac	Balta B. STREET ADD	DRESS (If ru	ral, give location)	township)
	ength of st	tay in Baltimore	ŋ	, M		tatel	Park.	Terrace
5.	SEX	6. COLOR OR RACE	7. SINGLE. MA	ARRIED.	8. DATE OF BIF	RTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
7	rale	CUPATION (Give kind of	wide	BUSINESS OF	3/28//	874	eign country)	Months Days Hours Min.
	dong uring most o	working life, even if retired)	10B. KIND OF	INDUS		V as de	agn country)	WHAT COUNTRY?
13	FATHER'S N	IAME		much	14. MOTHER'S	MAIDEN NAN	4E	UOR
	Jame	s mi	900		Zenderow	m		
15	WAS DECEASE	D EVER IN U. S. ARMED	FORCES? 16	SOCIAL SECURITY N	17. INFORMAN	Т		ADDRESS ChO+
		-	-	=	The Engel	tt. U.	m 2700	5706 Lawren
	18. 115	2.1	F Valer 1	CAUS	E OF DEATH			INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	,	,			ONSET AND DEATH
	(This does	not mean the mode of	TH f dving, e.g.,	(4)	ardiac T	arlure		
	heart failu:	re, asthenia, etc. It mea complication which c	ns the disease,	DUE TO G	rterio-seles	Ti Can	dio - Vasa	
				DOE TO CA	unos aus	45	wesen	2
		ANTECEDENT CAUS	ES					
6		OR CONDITIONS, II		(B)	***********************************	*************************	******************************	
5		HE ABOVE CAUSE (A)		DUE TO				
RTIFICATION				(C)	***************************************			•••••••••••••••••••••••••••••••
4		П						
2		IGNIFICANT CONDI						
CE		SEASE OR CONDITION						
	19A. DATE O	F OPERATION 1	9B. MAJOR FIN	DINGS OF O	PERATION			20. AUTOPSY?
OA			L OLD BLACE	OF INCOME.	- 1 210 WHER	F DID (1)	in Politimana Cita	y, give exact location)
MEDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home, farm, f	OF INJURY (e actory, street, office b	g., in or 21c. WHERI INJURY OC		in baiumore City	y, give exact location)
7	21D. TIME (Month) (Day) (Year)	(Hour) 21E.	INJURY OCCU	RRED 21F. HOW D	NAUCHI DID	OCCUR?	
	J. MOOKI		m. WHILE		HILE T			
	22. I hereb	y certify that I att	ended the dec	eased from	June 19	95/, to Ju	ly 12, 19	12, that I last saw the
	deceased al	1 1 1		that death o	centred at 14	m., from the		n the date stated above.
	23A. SIGNAT		7	* '	23B. ADDRESS	4 ,	1 12	23C. DATE SIGNED
-		CREMA-1 24B. DATE	agree	NAME OF CEM	ETERY OR CREMATO		CATION (City, to	wn, or county) (State)
TU	N. REMOVAL (S		240.	NAME OF CEM	ETERT OR CREMATO	40.00	L. 1	2
	ATÉ RÉCEIVE	D BY REGISTRAR	S SIGNATURE,	one a	25. FUNERAL	BIRECTOR	care /	DDRES
L	CAL REGIST	1952 H	yetor Wil	liams M	Parker a	- Goil	an Jelon	9 Holling
1-		1	A man	274	1			

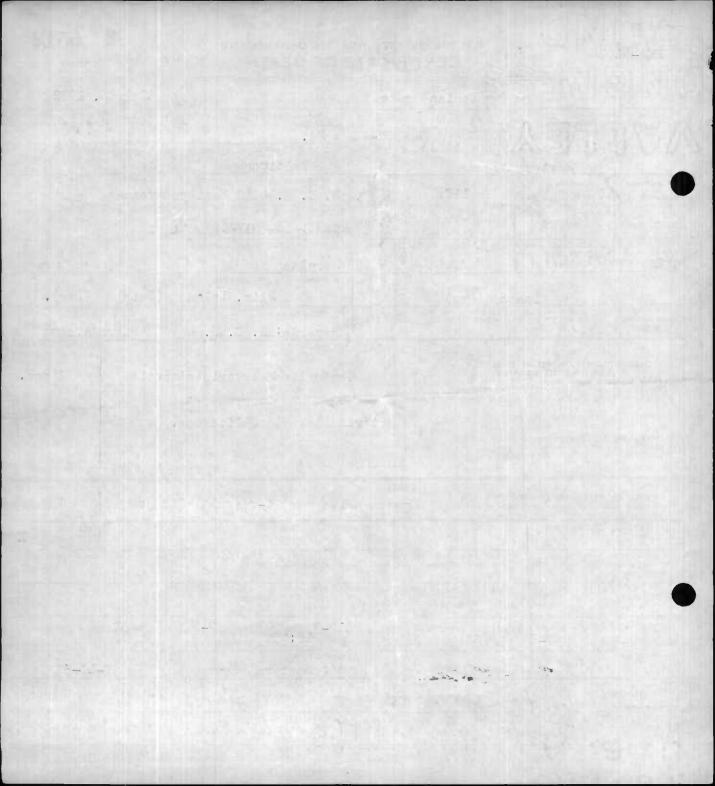


VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 6512

Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) July 8, 1952 OF Louisa Grace DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR Baltimore City Hospitals location) (If outside comporate limits C. CITY OR TOWN write RURAL and give township 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. B. C. H. 4940 Eastern Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years) If Under I Year thday) Months Days Hours Min. Female. Negro April-12-1874 Widowed 1QA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. NOIDOF BUSHUESS OR 12. CITIZEN QF iglife even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Betz Bliz. Island Isaac 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You man unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, noot unknown) SECURITY NO. Records: B. C. H. 4940 Eastern Avenue CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Generalized Arteriosclerosis mos. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerosis Obliterans, both feet RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. Hypertensive CardiO-vascular disease TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 AUTOPS EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 1944, to_ 7-8 22. I hereby certify that I attended the deceased from_ , 19.52, that I last saw the 52, and that death occurred at 10:45 m., from the causes and on the date stated above. deceased alive on 19 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 7-10-52 BURIAL, CREMA-REMOVAL (Specify) DATE RECEIVED BY 27 FUNERAL DIRECTOR EGISTRAR



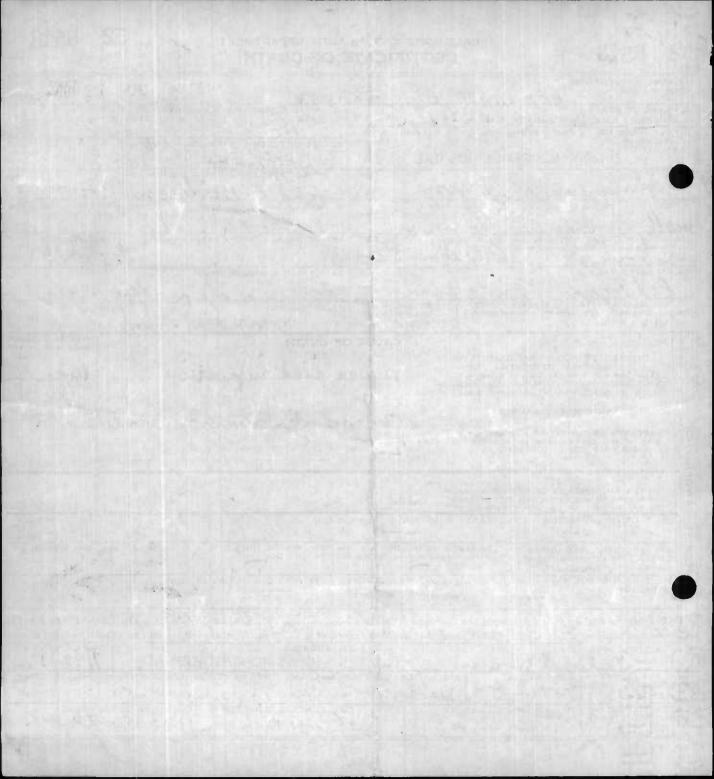
1	15
52	6513
DIDEL	NIO

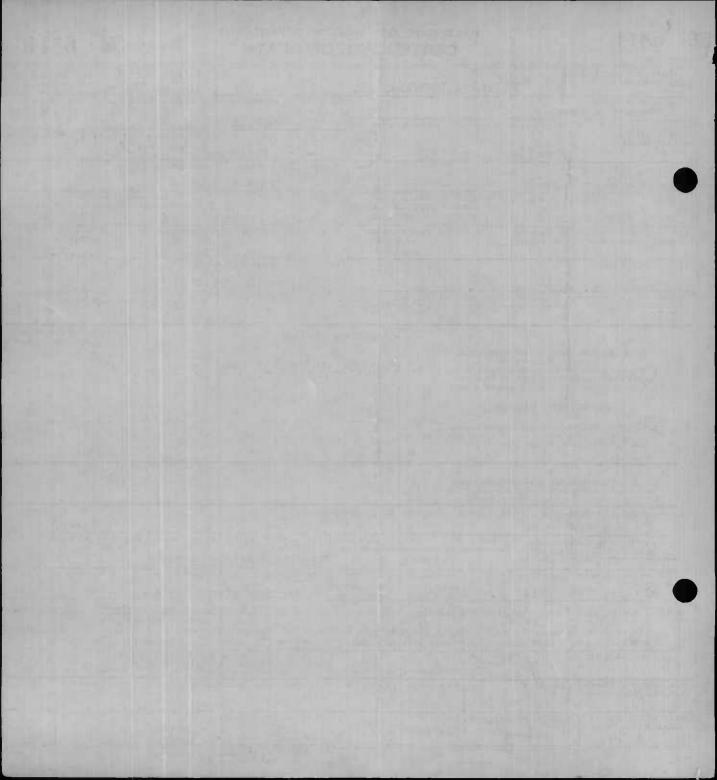
VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6513

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corpor te lim RURAL and give INSTITUTION township) JOHNS HOPKINS HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 7. SINGUE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH Months: Days | H Under 24 Hours | Min. If Under 1 Year 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) 25olosed 10A. USUAL OCCUPATION (Give kind of work of he duting most of working life, even if retired) 108. KIND OF BUSINGS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -11 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or uukuown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS INTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICAT UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш $\overline{0}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., iu or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE [195Rto 7-12-. 1952 that I last saw the 22. I hereby certify that I attended the deceased from 1952, and that death occurred at 6 Am., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 230 DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA- 24B. DA 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 AUNERAL DIRECTOR Beautlowell LOCAL REGISTRAR



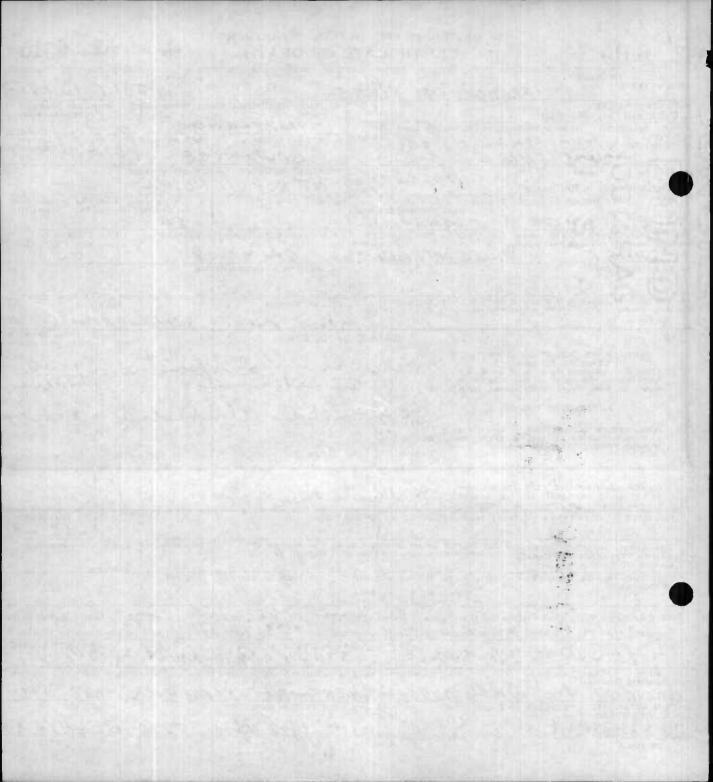


260 52 H 6515

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 6515

B	IRTH NO.							
1.	NAME OF DE		24 440 44	CADIF	·cell	50	2. DATE OF	14 12 1952
B. H IN	ENUL NAME OF STITUTION A	EATH: City, Maryland OF (If not in hospit A ONT CARA 24 76 S/V tay in Baltimore 6. COLOR OR RACE WHITE	tal or instituti	YOME 1	ddress or location) Yrs. Mos. Days	d. USUAL RESIDENA. STATE MARY C. CITY OR TOWN BALT D. STREET ADDRES	NCE (Where deceased lived B. COUNTY	. If institution: residence before admission) mils, write RUHAL and give township)
1C wor	DA. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	I 10B. KIND	OF BUSINESS	DUSTRY		ate or foreign country) ANY DEN NAME	12. CITIZEN OF WHAT COUNTRY?
(1 or the bown) (11 year, give war or dates of service) SECURITY NO.				OF DEATH	2 ER 3817 FL O Chiforetic Unfection	ADDRESS ESTWOOD AUF INTERVAL BETWEEN ONSET AND DEATH I Whe Y WHI A MO		
AL CERT	TRIBUTING TO THE DI	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION F OPERATION ()	NOT RELATE	D MIL	F OPER	ATION		20. AUTOPSY?
MEDICA	LYING OR CAUSE OF D	Month) (Day) (Year) y certify that I at live on	about home, for the state of th	WORK A	occurring the occur	ED 21F. HOW DID	injury occur?	y, give exact location) 2 that I last saw then the date stated above.
D	AA. BURIAL, CON, REMOVAL (S) BURIAL CATE RECEIVED OCAL REGISTE	TULY 19	1/952	24c. NAME OF C	2	CREMATORY 25. FUNERAL DIRECT	24d. LOCATION (City, to FRFDFRICK CTOR BAD, 7110	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6516

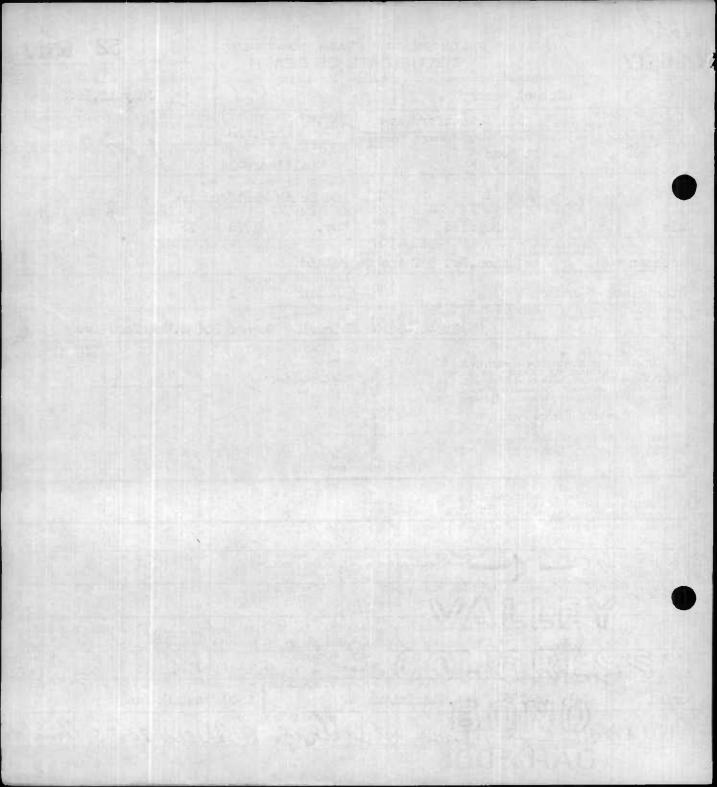
1. (T	NAME OF D	FRANK.	T. U	VOIE	SR.	2. DATE OF DEATH	ULV 14. 52.
	PLACE OF D Baltimore (Anien t	TEM. HOSP.	4. USUAL RESIDEN		ed. If institution: residence Y before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	tal or institution	, give street address or location)	c. CITY OR TOWN	RYIANG (If outside corporate	limit write RURAL and give
11	TUTION	OH MEHO	RIAL	DSPITAL	13	IMORE CI	township)
	enoth of s	tay in Baltimore	,	Yrs. Mos. Days	D. STREET ADDRES	(If rural, give location	C-4
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	
10	A. USUAL OC	CUPATION (Give kind of	HAP	- A	JULY 12,	892 65 ate or foreign country)	12. CITIZEN OF
F	ITER . O	of working life, even if retired) RERATOR	BALTO.	INDUSTRY	D .		WHAT COUNTRY?
13	FATHER'S	Λ 111			14. MOTHER'S MAIL	DEN NAME	
15 /Yo	. WAS DECEASI	ED EVER IN U.S. ARME	D FORCES? 1	16. SOCIAL	17. JNFORMANT	L. M. Broc	ADDRESS
(10	s, no or unknown)	(11 Jos, give war of date	is of service)	SECURITY NO.	MRS. MI	ARY WOLF	SAME
	18. 162			CAUSE	OF DEATH		ONSET AND DEATH
	(This does	E OR CONDITION LEADING TO DEAT not mean the mode of	TH dving e.g.	w Bro	mchogeni	c Carcinon	may 3 minile
	heart failu injury or	re, asthenia, etc. It mea complication which	ins the disease, caused death.)	DUE TO	0		
7		ANTECEDENT CAUS	SES				
TIO	RISE TO T	S OR CONDITIONS, I	STATING THE	(B)		•••••••••••••••••••••••••••••••••••••••	
ICA	UNDERLY	YING CONDITION LA	NST.	(C)			
ERTIFICA	OTHER S	II SIGNIFICANT CONDI	ITIONS CON-				
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
AL	19A DATE C	27. 52	19B. MAJOR F	INDINGS OF OPE	RATION LAND	metastasi	20. AUTOPSY?
IEDICA	21 ACCID LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., n,factory,street,office bldg.,		(If in Baltimore Ci	ity, give exact location)
	F INJURY	(Month) (Day) (Year)		E. INJURY OCCURR		NJURY OCCUR?	
h	00 77 1	.,,,	m. W	ORK NOT WHILE	0	1	-
	dcceased at	y eertify that I att		d that death of u	rred at 255 Am.	from the causes and o	9.52 that I last saw the on the date stated above.
	23A. SIGNA		*	/ 2	23B. ADDRESS M	/1/	23c. DATE SIGNED
TIL	LA BURIAL (S	CREMA- Z4B. DATE		C. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City	own, or county) (State)
	TOULA TE RECEIVE	0 7-17	-52	Holy p	Edemu	Balo	- ml
	CAL REGIST		s signature	lliams ME	25 FUNERAL DIRECT	5305	Harrord Rd
	VS 150	2	A 5 2	690SF	6 5 1 3		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6517

BIRTH NO.	E OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print) Michael Werner	2. DATE OF July 12,1952					
S. PLACE OF DEATH: A. Baltimore City, Maryland 504 S. Montford Ave B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) At Home	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write TURAL and give township)					
Yrs. Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.						
Male G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify MATTIED) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR						
Watchman 13. FATHER'S NAME Working life, even if retired) Linen, Net & Twine Co	11. BIRTHPLACE (State or foreign country) Poland 14. MOTHER'S MAIDEN NAME					
Stanislaus Werner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Helen ?					
security No. 212-01-9310	17. INFORMANT Katherine Werner 504 S. Montford Ave					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO NO					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. How DID INJURY OCCUR?						
24a. BURIAL, CREMA- 110N. REMOVAL (Specify) Burial St. Stanislaus	108 S. Patterson Ph. an. July 12, 1952					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 VS 150	25. Hyeral Director Weber 705 S. Phone 12					

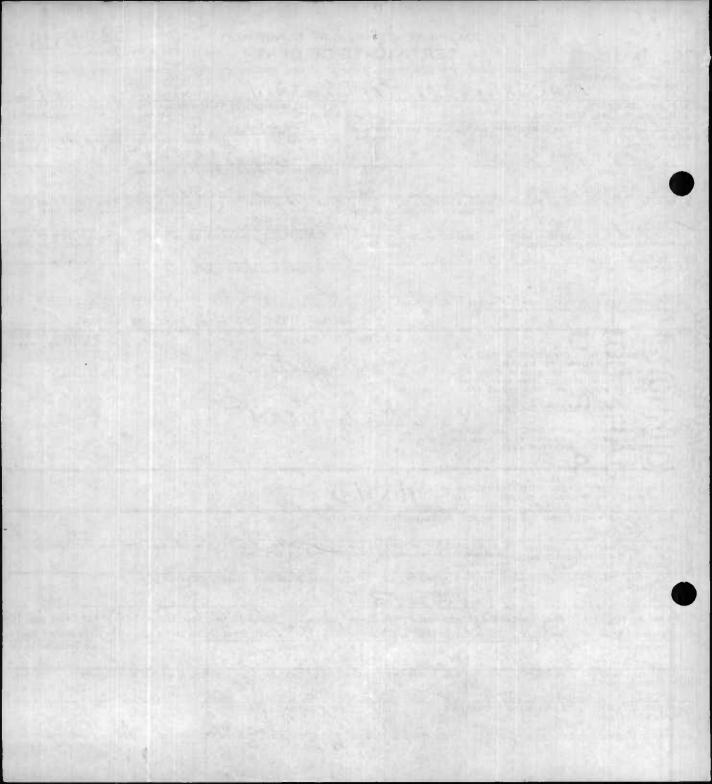


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52	6518	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6518
Registered No.

BI	RIH NO.						
(T	NAME OF Dype or Print)	MARGI	ARET	M. GAL	BREATH	2. DATE OF DEATH JUI	14 11, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)		
H	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN (If outside corporate fingle, write RUR) L and give		
Sinai Hospital					Baltimore HT O township)		
Yrs.					D. STREET ADDRESS (If rural, give location)		
ength of stay in Baltimore Days					618 Laurens Street		
5. SEX 6. COLOR OR RACE			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGF (In years)	If Under Year If Under 24 Hours Months Days Hours Min.
Female White			Single		May 3, 1881	71	
IOA. USUAL OCCUPATION (Give kind of work danse during most of working life, even if retired)			108. KIND OF BUSINESS OR INDUSTRY		II. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress			Retired		?		U.S.A.
13. FATHER'S NAME CLOThing (4)					14. MOTHER'S MAIDEN NAME		
William Galbreath					Mary Ann Davies		
15. WAS DECEASED EVER IN U. S. ARMED (You, no or nuknown) (If you, give war or dated			FORCES?	16. SOCIAL SECURITY NO.	0.		ADDRESS
No None ?				?	Miss Annie Greb-618 Laurens Street		
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CAUSE OF DEATH (A) (A) (B) (B) (B) (C) (C) (C)						ONSET AND DEATH
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA				ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g., in or				or 21c. WHERE DID	(If in Baltimore City,	give exact location)
MED	CACCE OF BEATING						
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE							
			m.				
	22. I hereby certify that I attended the deceased from suly 8 1952 to July 11, 1952 that deceased alive on July 11, 1952, and that death occurred at 10 2m., from the causes and on the date						that I last saw the
	234 SIGNA	TURE ///	mas		Sease 100	4.	23C. DATE SIGNED
24	A. BURIAL,	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or eounty) (State)
40	on REMOVAL (July 15.	1952	Loudon Park (lemetery Bo	ltimore, Mar	vland
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS							
-	41	95% / Tunking	you /	Whater M.P.	May Sucknew 4,	sons //+7	a West
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BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 6519

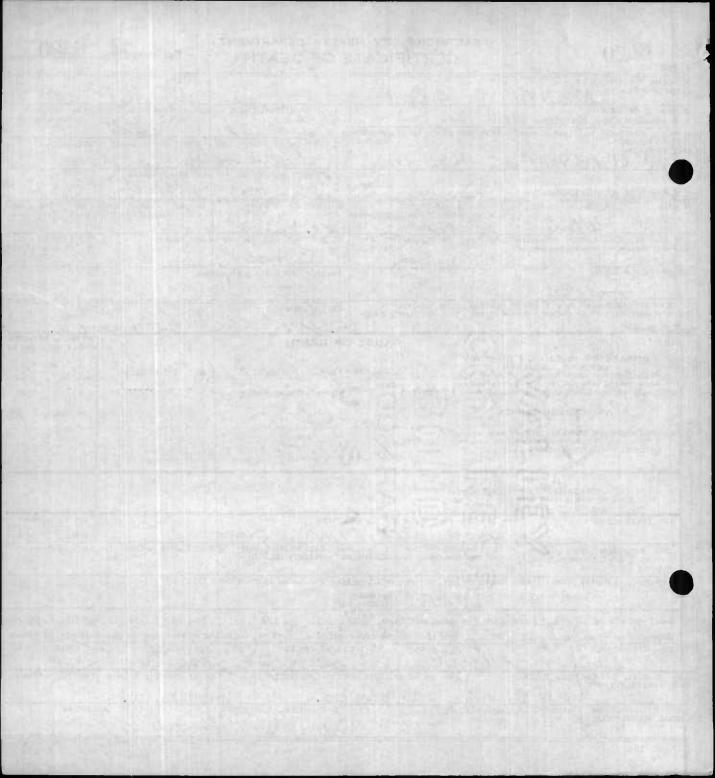
BI	RTH NO.			CER	IFICATI	E OF DEATH	Registere	U 110,	
	NAME OF D	DECEASED					2. DATE		
(T	ype or Print)	IRENE	Vast	ПА	Me TI	EARMON	OF DEATH 12	July	1952
	PLACE OF IBaltimore	City, Maryland				4. USUAL RESIDENCE ()			: residence ore admission)
	FULL NAME	OF (If not in hospit	al or institutio	on, give s		Md.			
	STITUTION	4315 Wenty	rorth Rd		location)	c. CITY OR TOWN (If	outside corporate	units, write III	JRAL and give township)
	44.4	4)1) Wellow	VOI OII III			Baltimore	10		
					Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
_		stay in Baltimore			Days	1315 Wentworth	Rd.		
5.	SEX	6. COLOR OR RACE	7. SINGLE.		ED. ORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year)	Months Days	If Under 24 Hours
	female	white	marrie		(cptony)	April 11, 1887	65		
10	A. USUAL O	CCUPATION (Give kind of	10B. KIND	OF BUS		11. BIRTHPLACE (State or f	oreign country)	12. CITI2	
	housewif	of working life, even if retired)	at hom	10	INDUSTRY	Illinois		WHA	T COUNTRY?
	. FATHER'S		ao nom	10		14. MOTHER'S MAIDEN N	AME		
		77.3 1 3							
15	Sigvald	ED EVER IN U.S. ARMEI	- FORGES	10.00		Matilda			
(Yes	, no or nuknown	(If yes, give war or date	s of service)	16. SO	CURITY NO.	17. INFORMANT		ADDRESS	
	no					Mr. Fielding Mo	:Dearmon-43	15 Wentw	orth Rd.
	18. 33	1%			CAUSE	OF DEATH			VAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		- 1			ONSE	AND DEATH
	(This does not mean the mode of dying, e.g., (A) Cerelino run end an occusent								unch
	heart fail	ure, asthenia, etc. It mea	ns the disease	,			***************************************		
	mary of	complication which	caused death.) DUE	то				
_		ANTECEDENT CAUS	SES .		9	Dizal & cerel	0		,
0	DISEASES OR CONDITIONS, IF ANY, GIVING					o cour	-0.4		o ys
Ě	RISE TO	THE ABOVE CAUSE (A)	STATING THE		TO On	Terio sclerosis	•		
CA	UNDERL	TING CONDITION LA	451.						
ERTIFICATION		11		(c)				
RT	OTHER	SIGNIFICANT COND	ITIONS CON						
CE	TRIBUTIN	IG TO THE DEATH, BUT	NOT RELATE	D 1	Paralys	is agitang			6 4000
		OF OPERATION 1			GS OF OPER	ATION		120.	AUTOPSY?
AL	h	ne,				None		YES	No No
N	21A. ACCID	ENT, SUICIDE,	218. PLA	CE OF I	NJURY (e.g., in		If in Baltimore Cit		
EDICA	HOMICIDE	(Specify)	about home, far	rm, factory	, street, office bldg., e	to.) INJURY OCCUR?			
Σ	1D TIME	(Month) (Day) (Year)	(Hour) 12	te INIII	JRY OCCURRI	ED 21F. HOW DID INJUR	V OCCUP?		
	FINJURY	(Month) (Day) (Teat)		HILE AT		- 1217. 170W BIB 1N30N	I OCCORT		
h				WORK	NOT WHILE				
	22. I herel	by certify that I att	ended the	decease	d from Ju	14 13 1951, to 1	2 July 1	52 that I	last saw the
	deceased a	live on 7 July	. 1952. a	nd tha	t death occur	red at 44 Am., from t	he causes and o	n the date s	tated above.
	23A, SIGNA	TURE			2	3B. ADDRESS		23c. DA	ATE SIGNED
	سع	JS. C.	35 h		M. D.	1035 N. Cal me	t2 T	12 h	ly 1952
	A. BURIAL.	CREMA- 24B. DATE		4c. NAN		RY OR CREMATORY 24D. L	OCATION (City, to	own, or county)	(State)
	n, removal (Removal	7/34/10		0-1	Grove C	om (C)	Charles	Ma	
	TE RECEIVE	D BY REGISTRAR	S SIGNATUR		Grove C	AS FUNERAL DIRECTOR	Charles,	ADDRES	S
	CAL REGIS		too W	111:	11. 11.50		110	100	
	JUL 14	193/1 1/4	11	may	1	Willes To Valle	MY TX	ww -	0 1
	VS 150		6 40		Je pos	0 3/1 0	Butto	17 M	la.
						V	v centro	111	

6	10
5	6520

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6520	6520	Registered No.	1
---------------------	------	----------------	---

E	IRTH NO.						
	NAME OF DECEASED Type or Print) MICH A	EL GRAF		2. DATE OF DEATH 7	-17-54		
2	. PLACE OF DEATH: . Baltimore City, Maryland U		4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY	f institution: residence before admission)		
	FULL NAME OF (If not in hospit OSPITAL OR NSTITUTION	tal or institution, give street address or location)	c. CITY OF TOWN (If	outside corporate limi	its, write RURAL and give		
	NIV. OF MARYLANT		Westmus	ter	township)		
	Length of stay in Baltimore	Yrs. Mos. Days	Clausburg	ural, give location)	5641		
	SEX 6.COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year II Under 24 Hours Min.		
-	DA. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	Apr. 1. 1868 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF		
	k dooe during most of working life, even if retired) Butcher Rtd	self Employed	German		WHAT COUNTRY?		
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1/		
1	5. WAS DECEASED EVER IN U. S. ARME		17. INFORMANT	0.0	ADDRESS		
11,	(If yes, give war or date	es of service) SECURITY NO.	es Elizabeth	God-Rider			
	18. 561.1		OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of	TH Hada	Leve Penal Sh	ent down	1 7-3-51		
	heart failure, asthenia, etc. It mes injury or complication which	ans the disease,	Pneumonia	} ••••	***************************************		
	ANTECEDENT CAUSES						
NOIL	DISEASES OR CONDITIONS, I	STATING THE DUE TO	ATING THE DUE TO				
FICA	UNDERLYING CONDITION LA	AST. (C) Jucai	icerales He	'una	6-22		
RTIF	OTHER SIGNIFICANT COND	ITIONS CDN.					
H	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
A	19a. DATE OF OPERATION	198 MAJOR FINDINGS OF OPER	emoral hem	10	20. AUTOPSY?		
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., ic about home, farm, factory, street, office bldg., e	o or 21c. WHERE DID (I		give exact location)		
-	ID. TIME (Month) (Day) (Year	 (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY	OCCUR?			
	OF INJURY	m. WHILE AT NOT WHILE					
	22. I hereby certify that I at		ly 1957, to	ly 17, 19	that I last saw the		
	dcceased alive on aly 17	, 1952, and that death occur	ried at 4 Am., from the	re equises and on	the date stated above.		
	Bed (e.l	e delsteen m.D.	Museund d	postal	7-12-SY		
7	4A. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE		CATION (City, town	n, or county) (State)		
	July 11	1952 Druid Ridge	Cem. Pike	sville, Md.	ADDRESS		
1	OCAL REGISTRAR 1) unt	inglow Vollaus, My	JAm. S. Vica	surt So	no-		
	VS 150	of and and	V	But	to 17, 111d		
100							



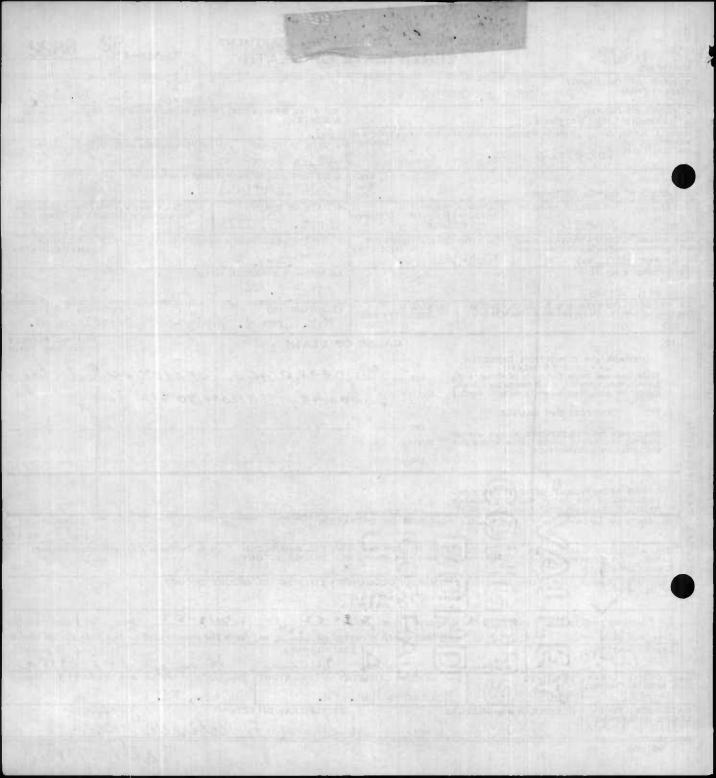
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6521

BI	BIRTH NO.									
	NAME OF D	ECEASED				2. DATE OF				
-	PLACE OF D	EATH.	WILLIA	M A. WHEELER	A UCUAL DECIDENCE (V		ly 13, 1952			
Α.		City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (VA. STATE	B. COUNTY	before admission)			
H	SPITAL OR	Or (II not in nospit	ar or matricul	location)		outside corrorate lin	aits, wate RURAL and give township)			
981		LO1 Brette	on Plac	e	Baltimore	10	www.manap)			
				Yrs.	D. STREET ADDRESS (If	rural, give location)				
c.	Length of s	tay in Baltimore		Mos. Days	401 Bretton Pla	ace				
5.	SEX	6. COLOR OR RACE		E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under I Year If Under 24 Hours Months: Days Hours: Min.			
	male	white	marr		Aug. 18, 1877	7)	Tonths Days Hours Min.			
		CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF			
WOL	salesmar	of working life, even if retired)	Paper	INDUSTRY	Maryland		WHAT COUNTRY?			
13	. FATHER'S		- 4000	(w)	14. MOTHER'S MAIDEN N	AME				
	Wm. H. V	Meeler			Annie E. Lever	ton				
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS			
(10	no or unknown)	(If yes, give wer or date	or service)	SECURITY NO.	Mrs. Grace E. V		l Bretton Place			
	18. 44:	2.1/		CAUSE	OF DEATH		INTERVAL BETWEEN			
		SE OR CONDITION	DIRECTIV				ONSET AND DEATH			
		LEADING TO DEAT	TH	CER	rebRAT Hewood	PRHACE	4.10.50			
	heart failu	not mean the mode ourc, asthenia, etc. It mea	ns the diseas	e,						
	injury or	complication which c	aused death			SET IS CHIEF.				
		ANTECEDENT CAUS	ES	HUNER	Tensive CANdi	o- Unsculi	AR			
TION	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	IG						
		HE ABOVE CAUSE (A)		DUE TO CHELL	ant		10 YRS.			
Ü				(C)						
<u>L</u>		11								
CERTIFICA		IGNIFICANT CONDI								
Ü		ISEASE OR CONDITION								
٦	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	N Till Colonia	20. AUTOPSY?			
Ö	214 ACCIE	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City	give exact location)			
MEDICAL		R CONTRIBUTING [arm, factory, street, office bldg., e		a manufacture	, give exact location,			
	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?				
h			m.	WHILE AT NOT WHILE		11.				
	22. I hereb	u certifu that I att	ended the	deceased from	all 10 1950 to -	JULY 13 19	, that I last saw the			
deceased alive on 2014 1, 1952, and that death occurred at 6 m., from the causes and on the date							the date stated above.			
	23A. SIGNA	TWO E N	18		3B. ADDRESS	V P.1	23c. DATE SIGNED			
	6	WILLOWA	706	M. D.	521110K	1 00	7.14.57			
710	N, REMOVAL (S	CREMA 84 DATE		24c. NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)			
	Burial	7/16/52	1	Woodlawn Cem.	Woodl	awn. Md.				
	TE RECEIVE		SSIGNATL	IRE	25 FUNERAL DIRECTOR	1	(ADDRESS			
1111 1 1952 It is to WHigher Miles & Come of Sans.							las-			
-	VS 150	7		w w 1100	100	211	200 8			
1		Q		490	68	salto,	ria.			

536				
52 6522		EALTH DEPARTMENT E OF DEATH	Registered 1	6522
BIRTH NO.	CERTIFICAT	E OF DEATH	Acgistered !	
1. NAME OF DECEASED (Type or Print) ROBE	RT A. SNYDER		OF DEATH JU	ly 13, 1952
s. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution : residence before admission
B. FULL NAME OF (If not in hospi HOSPITAL OR INSTITUTION University H	tal or institution, give street address or location) OSP •			ts, write RURAL and giv township
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 6828 Campfield		5300
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	Sept. 13, 1911		II Under 1 Year If Under 24 Hours onths Days Hours Min.
10A, USUAL OCCUPATION (Give kindo) work done during most of working life, even if retired Route Manager 13. FATHER'S NAME	Coca-Cola Co.	Maryland		12. CITIZEN OF WHAT COUNTRY
Alvin Snyder	Beverage (A)	Clara E	AME	
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Orma J. Sr	ayder-6828 Ca	mpfield Rd.
LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which ANTECEDENT CAUSE DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LIVED CONDITION LIVED CONDITION LIVED CONDITION LIVED CONDITION CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	of dying, e. g., (A)	OCARDIAL	UFARCTION 4130 SIS	e 2 days
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
]	198. MAJOR FINDINGS OF OPER			YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office hidg.,		If in Baltimore City,	give exact location)
ID. TIME (Month) (Day) (Year F INJURY) (Hour) 2 IE. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
aeceasea alive on 7-15	tended the deceased from 7-1. _, 19_5 ; and that death occur	rrea atm., from t	he causes and on t	he date stated above
23A. SIGNATURE ON	м. р.	238. ADDRESS	Luy.	23c. DATE SIGNED
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial 7/16/52		Pk. Balt	to., Md.	
DATE RECEIVED BY REGISTRAR	'S SIGNATURE	25 FUNERAL DIRECTOR	· Beer of	ADDRESS

VS 150

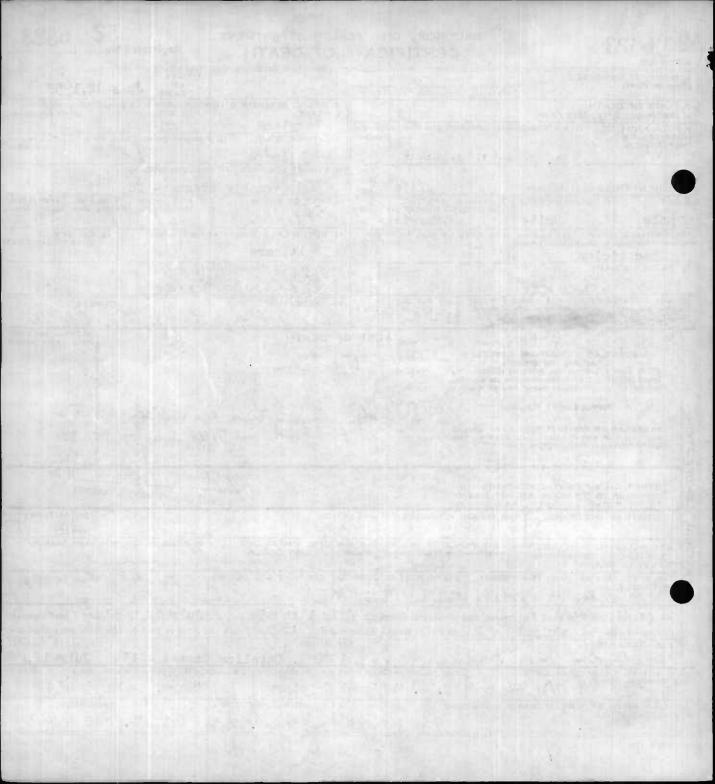


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6523
Registered No.

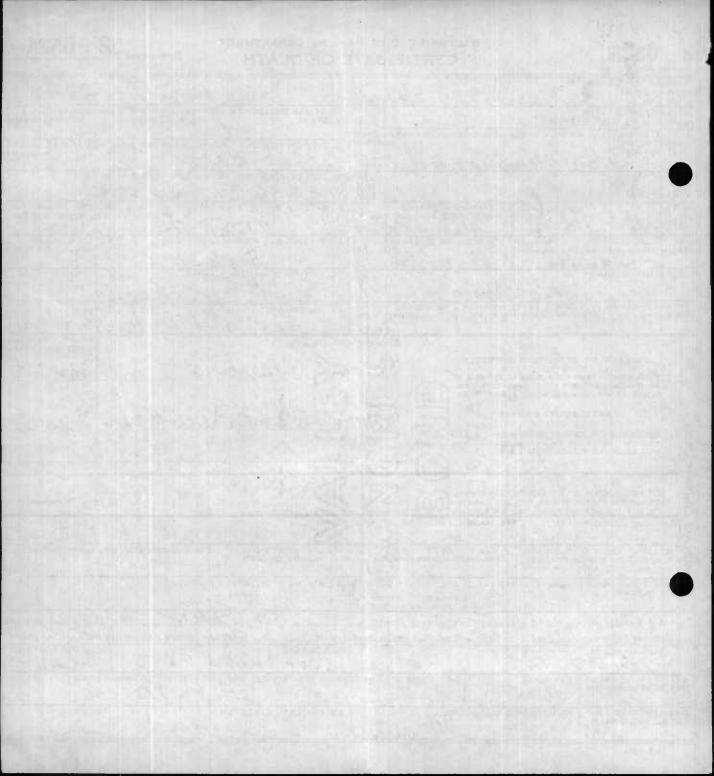
I. NAME OF DECEASED 2. DATE (Type or Print) July 12,1952 EDWARD EUGENE BARNETT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate bmits, write RUDAL, and give INSTITUTION township) Boltimore St. Joseph's Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Venable Avenue - 18 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male Married 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Baltimore Electrician 13. FATHER'S NAME CUNJITY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Yes ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-CHIEF OR ASST. MEDICAL EXAMINER TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ü 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 1952 m. AT WORK July 4 2. 19 52 that I last saw the July 11th 1952 to 22. I hereby certify that I attended the deceased from. deceased alive on July 12 1952, and that death occurred at 9:50pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 1400 July 12.1952 N. Caroline Street -24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24p. LOCATION (City, town, or county) 24B. DATE S. National Cemeterv Bal timore. Maryland burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1217 St. Paul Street VS 150



BALTIMORE CITY HEALTH DEPARTMENT

52 6524

-	DTU NO			CERTIFICAT	E OF DEATH	Registered No)	
	RTH NO.							
(T	NAME OF C 'ype or Print)	Man	u.J.	Erman	И	2. DATE 7/12	45-2	
	Baltimore (City, Maryland			A. STATE	Where deceased lived. If in B. COUNTY	stitution: residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION	0.4		ion, give street address or location		outside corporate Inits,	write FORAL and give township)	
1	u	viou Men	orial	Nospetal Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	Length of s	tay in Baltimore		Mos. Days	636 94	tman au	•	
5.	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In years list last birthday) Mont	der i Year in Under 24 Hours the Days Hours Min.	
10	A. USUAL OC	CUPATION (Givekinder	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country) 1	2. CITIZEN OF	
	Hous	of working life, eyen if retired)	Ou	n Home	Balte	5. md.	WHAT COUNTRY	
13	FATHER'S	NAME R.	Parri	of.	14. MOTHER'S MAIDEN N.	Rabburd		
15 (Ye		ED EVER IN U. S. ARME	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS	
_			Ĺ		atherine C. Bu	KL 731 Bar	thet aux	
	18. 421	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH	
		LEADING TO DEA	TH	. Coro	nany Occlusion	N	Immediate	
	heart failt	re, asthenia, etc. It mea complication which o	ns the diseas	e,		*******************************		
	ANTECEDENT CAUSES (B) Internacionale Cardy - Vocamen disea.							
NO	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	pacount Contrat	JUNE TOWARD CINESA	Jugan.	
F	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				0	
ICA				(C)				
ERTIF	OTHER S	II IGNIFICANT CONDI	TIONS COM					
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
L				FINDINGS OF OPE	RATION		20. AUTOPSY?	
CA			-				YES NO	
EDICA		R CONTRIBUTING DEATH		ACE OF INJURY (e. g., arm, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)	
	OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURE		Y OCCUR?		
	00 71		m.	WORK AT WORK	104/	W/12 .52	77 . 7 7	
		live on May 14	Shift and	acceasea from and that death occu	rred at m. from t	he causes and on the	That I last saw the date stated above.	
	23A SIGNA		4		5014 Weeks		230. DATE SIGNED	
2	4A. BURIAL,	CREMA- 248, DATE	-	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	r county) (State)	
1	Buria	R 1/13	152		rod Par	Kville ?	Md.	
D.	ATE RECEIVE	RAR	SSIGNATU	Williams Mil	25. FUNERAL DIRECTOR	1217 St B	ADDRESS	
=	VS 150	LUCK TOWN	1/4 -1		6 5 2	, , , , ,		



263
BIRTH NO.

2	6525	CERTIFICATI	F OF DEATH	Registered N	£ 5525
BIF	RTH NO.	CENTIFICATI	L OI DEATH		
	NAME OF DECEASED pe or Print) ALEX	7NGREWBOGARD	JR.	2. DATE OF DEATH JULY	13, 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (B. COUNTY	nstitution : residence before admission
B. F		tution, give street address or location)			marke DIJDAY and in
	Marine Hospital	2002001)	c. CITY OR TOWN (I	f outside corporate limits,	township
		Yrs.	o. STREET ADDRESS (If		
U	Length of stay in Baltimore	Mos. Days			
-	WID	GLE, MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Yeer If Under 24 Hours hths: Days Hours Min.
-	Tale White S;	Ng/e	11, BIRTHPLACE (State or	/ 53	12. CITIZEN OF
	N. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	INDUSTRY		PY AC	WHAT COUNTRY
13.	FATHER'S NAME	D / -1	14. MOTHER'S MATDEN N	IAME	1
1	HIEXANDER HNOREW	BOGARD SR.	MINNIE HNI	V KENGAL	
15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES no or puknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	No		U.S. Publicse	RVICE HOSDI	i/A/
	18. 594 x and 002	X CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIRECT		_4.04.0.7		
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di		stitial nephriti	5	
П	injury or complication which caused de	eath.) DUE TO			
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, G		***************************************	***************************************	•••••
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)			
2		(3)			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT REL	ATED PULMO	nary tuberculosi:	5	
G.	TO THE DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
ادا					YES NO
EDICAL		PLACE OF INJURY (e. g., i me, farm, factory, atreet, office bldg.,		(If in Baltimore City, gi	ive exact location)
¥.	21D. TIME (Month) (Day) (Year) (Hour) DF INJURY	21E. INJURY OCCURR		Y OCCUR?	
L.	m m	. WHILE AT NOT WHILE AT WORK			
	22. I certify that I took charge of t	he remains described o	tooto, need ten	ITOPSY Inspection or Inquiry	thereon and from
	the evidence obtained by said A and death in my opinion resulte	utopsy, Inspection or i	Inquiry, find that said c	deceased died on the	e day stated above adetermined [].
	23A. SIGNATURE	1	23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 230	DATE SIGNED
	Stanley & - Kli		I.D. MEDICAL INVESTIGA	OCATION (City, town,	1y 11, 1952 or county) (State)
TIO	A. BURIAL, CREMA- 24B. DATE N. REMOVAL (Specify)	24C. NAME OF CEMETE	Park L	ocation (city, town,	-
DA	TE RECEIVED BY REGISTRAN'S SIGN	TURE TORES	25. FUNERAL DIRECTOR	JUS TONS	ADDRESS ADDRESS
LO	CAL REGISTRAR SIGN	Wiss 5 10-1	Money Tisk	uer + Sons	N.+PA. Ave
V	3 151	67	3.55	N-I	el.

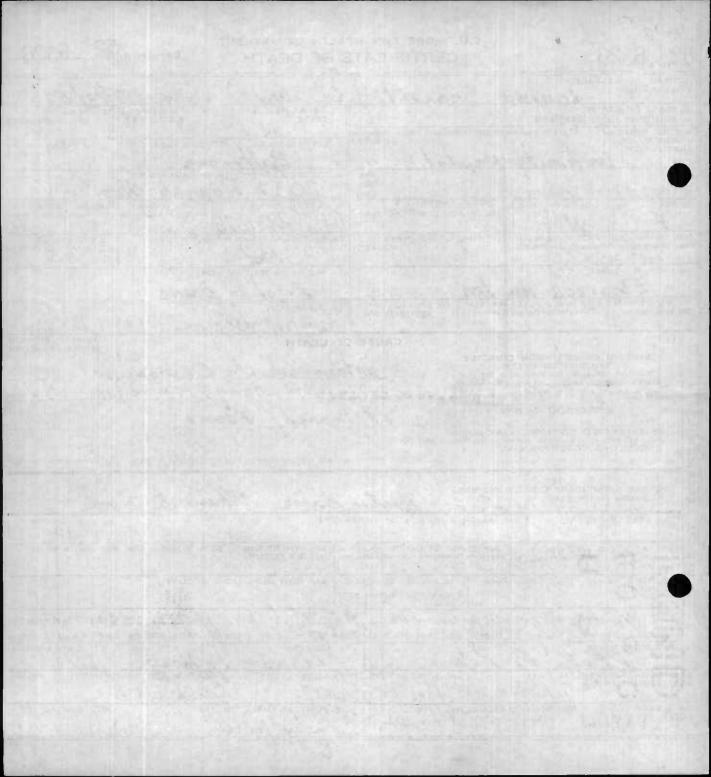
merce age in especially important. Physicians: piease write the causes of death clearly and legibly.

THE RESERVE AND ADDRESS OF THE PARTY OF THE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

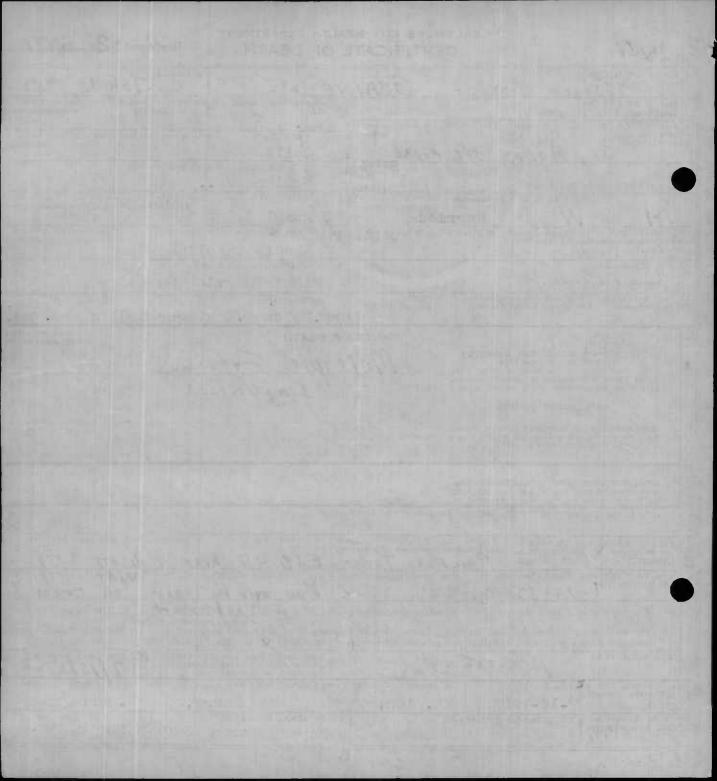
Registered No. 6526

_									
	NAME OF Dope or Print)	Louis	a 50	cosanti	Scora	ni)	2. DATE OF DEATH	2/2/5	,
	PLACE OF D Baltimore (4. USUAL RE	SIDENCE (Wh		. If institution: rebefore	sidence admission)
HO	SPITAL OR	OF (If not in hospit	al or institut	ion, give street address o location		OWN . (If or	atside corporate li	mits, write RVRA	L and give
INS	STITUTION	University	Abso	tel	7	Beltmo.	. //	2	township)
				Yrs. Mos.	D. STREET A	DDRESS (If ru	ral, give location	st.	
	Length of s	tay in Baltimore		Days E. MARRIED	B. DATE OF E		9. AGE (In years		Under 24 Hours
	F	W	WIDOW	ED, DIVORCED (Specify	april 2	9-1876	last birthday)	Months Days Ho	urs Min.
work.	done during most of	CUPATION (Give kind of of working life even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		CE (State or fore	eigh country)	12. CITIZEN WHAT C	OF OUNTRY?
13.	FATHER'S N				14. MOTHER'S	MAIDEN NAM	AF.	43	
	Ebo	ensera W	inter		Em		Kans		
15. (Yes,	WAS DECEASE	D EVEL IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17.)NFORMA		74776	ADDRESS 3	037
				0200M11 NO.	Samuel	elscor	ani 0	runah	due
	1 - 0	E OR CONDITION	DIRECTIV	CAUSE	OF DEATH			ONSET A	ND DEATH
		LEADING TO DEAT	TH	Na	Texio- sa	knotice (Bechinge	40/00	
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease	e.	rese é	Conge	stive fo	itune	***************
		ANTECEDENT CAUS	SES	174	Imones;	, Eden	25		
O	DISEASES	OR CONDITIONS, IN	F ANY, GIVIN	(B)					
AT	UNDERLY	ING CONDITION LA	ST.		******************************	************************			
H.		11							
ERT	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D 7	2/2000	m	week a		
Ū,		F OPERATION		FINDINGS OF OPE	RATION	And Change		20. AU	OPSY?
CAL		Y						YES 2	NO .
1EDIO		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm,factory,street,office bldg.			in Baltimore Cit	y, give exact loca	tion)
	D. TIME (Month) (Day) (Year)		21E. INJURY OCCURF		DID INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE AT WORK			10:0		
	22. I hereby	y certify that Latt	ended the	deceased fromand that death occur	med at 25	1953 to		S , that I last the date state	
-	23A. SIGNAT	UREA (I)	7	dra that death ocea	23B. ADDRESS	and, from the	. I	23c. DATE	
24	A. BURIAL C	CREMA- 24B. DATE	Hele	, M. D.	HAJI	ORYL 24D FOR	ATION City, to	vn. or county)	(State)
20	N. REMOVAL (S	pecify) 7/16/	52	Holy le	ross	00	allino	2	(104410)
DA	TE RECEIVE	D BY REGISTRAR	SIGNATU	PVIII OUR II	25 FUNERAL	DIRECTOR	0	ADDRESS	2024
	JUL 1 7 1	302	9	Turbur , My	Thelif	Herur	goons	Orlean	sat
	VS 150		The same	1 6 6 6	A. In	-1 . 1	/		0.



BI	527 6527 RTH NO.			TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	T Registered	i №2 6527
	NAME OF D 'ype or Print)	ECEASED	How	GRALL	NGEP	2. DATE OF	uh 13 1952
Α.	PLACE OF D Baltimore (City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE A. STATE Md.	(Where deceased lived.	If institution: residence hefore admission)
H	OSPITAL OR ISTITUTION	- 1		location)		(If outside corporate lin	mits, write RURAL and give township)
	ength of s	tay in Baltimore		Yrs. Mos. Days	5 Glen Av	, , , , , , , , , , , , , , , , , , , ,	5500
5.	SEX	6.COLOR OR RACE	WIDOW	MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH 3/26/21	9. AGE (In years)	Months Days Hours Min.
	k done during most	CUPATION (Give kind of of working life, even if retired)	10s. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of South Ca.		12. CITIZEN OF WHAT COUNTRY!
13	FATHER'S			CONJT.	14. MOTHER'S MAIDEN		
15		Frainger ED EVER IN U.S. ARMEI	FORCES	l 16. SOCIAL	Minnie Sar	VIS	
(Ye	a, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT Mrs. Helen M.G	reinger 5	Glen Ave. Nd
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA s not mean the mode ore, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS. I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION IS TO THE DEATH, BUT ISSEASE OR CONDITION	treme ies				
U				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL							
	and de	eath in my opinion	resulted f	rom: natural causes	accident , suicident 238. CHIEF MEDICA	de 🗌, homicide 🔲	, undetermined .
TIC	4A. BURIÁL, (S ON, REMOVAL (S IPÍAL	CREMA- 248. DATE		Mt.Zion,	.D. ASSISTANT MEDICA D. MEDICAL INVESTIG RY OR CREMATORY 24D.	ATOR City, tov	7/13/52
LC	ATE RECEIVE		S SIGNATU	lliaus, M.F.	25. FUNERAL DIRECTOR G. Howard Stro	407	Morth Ave.
V	S 151	1008 7	d and a	- SAUS	au si		1//

contect the transfer any important. Inysterans, please write the causes of death clearly and legibly,



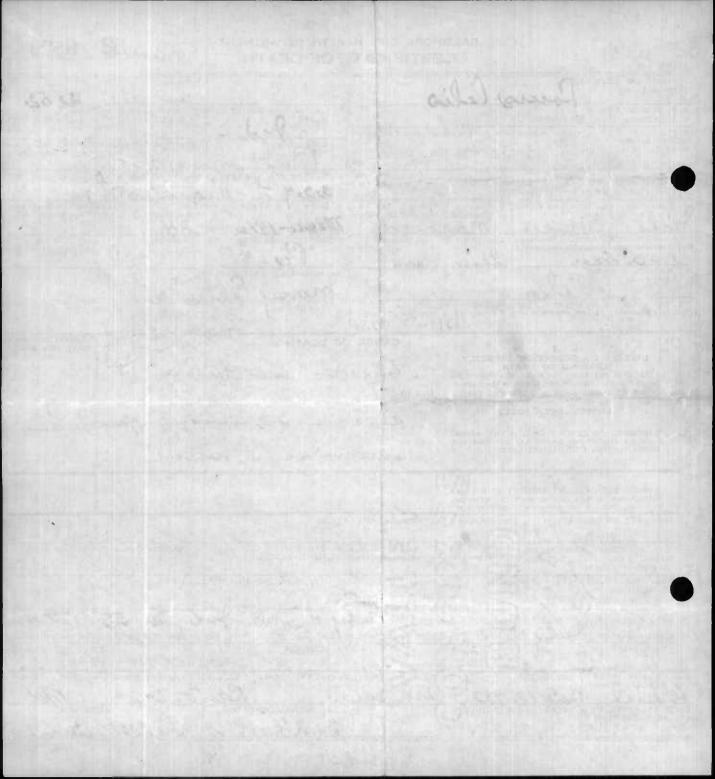
rapsicialis: prease write the causes of death clearly and legibly.

area age is capeciany important.

BALTIMORE CITY HEALTH DEPARTMENT

ristered No. 6528

B	IRTH NO.	CERTIFICATI	E OF DEATH	Registered N	6 U.J.CO
1.	NAME OF DECEASED	D: A		2. DATE OF DEATH	19 253
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENC	E (Where deceased fived, If i	nstitution : residence before admission)
B. H	FULL NAME OF (If not in hospital or institut OSPITAL OR NSTITUTION JOHNS HOPKINS HOS	location)	c. CITY OR TOWN	(If outside corporate Ashits	
6	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	li.
3	DA. USUAL OCCUPATION (Givekind of 10B. KIND	E. MARRIED, VED, DIVORCED (Specify) OF BUSINESS OR	May 26-19/6	last birthday) Mor	Under 1 Year If Under 24 Hours ths Days Hours Min. 12. CITIZEN OF
2	done during most of working life, even if retired) Spather's NAME One done during most of working life, even if retired)	Janda	MOTHER'S MAIDE	N NAME	WHAT COUNTRY
13	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	1.000000	mary 6	etulo	
(Ye	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMAN	AE OPKINS HOSPITAE	DRESS
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	(B) Ausie		Jailme	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	N -	matri hen	auser_	
CAL	19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
(EDIC		ACE OF INJURY (e. g., in arm,factory,street,office bldg.,e		(If in Baltimore City, g	ive exact location)
	F INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
	22. I hereby certify that I attended the deceased alive on 12, 19, 53, 23A. SIGNATURE	deceased from and that death occur	38. ADDRESS	the carses and on the PKINS HOSPITAL	that I last saw the e date stated above. 23c. DATE SIGNED
TI	Guly 17,1952	Oak Lou	RY OR CREMATORY 24	Balto: Co.	or county) (State)
	ATE RECEIVED BY REOSTRAR'S SIGNATURE OF THE PROPERTY OF THE PR	Villiame 150	MM. S. FLOI	Kowski 2002	Eastern aug
	Vs 150	3703	3U5 2 5		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered \$2 6529

18	RTH NO.			oliviii 10/v	- \	JI DEATH		
	NAME OF I	Char	lotte	- (LOTTI	<i>E</i>)	Becker	2. DATE OF DEATH	ly11.1952
A.		City, Maryland			Α.	STATE (V	Where deceased lived. In B. COUNTY	before admission)
H	OSPITAL OR	OF (If not in hospital)		on, give street address location		SH LTO	outside concernée limi	(c,) rhult ORAL and give township)
	anoth of	stay in Baltimore		Yrs. Mos		STREET ADDRESS (If	rural, give location)	T-AAu-
_	SEX F	6. COLOR OR RACE		Day MARRIED, ED, DIVORGED (Specif	8.	DATE OF BIRTH		H Under 1 Year on the Days Hours Min.
1 C	done daring most	CCUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTR		BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	1		14	MOTHER'S MAIDEN N.	AME	aupa
		?	ARR	LOT		4	lenku	ron
(Ye	WAS DECEASE, EO OF DELEOWE	(If yes, give war or date	es of service)	16. SOCIAL SECURITY NO. NONE	17.	INFORMANT Hartha	use A	ADDRESS
	(This doe heart fail	SE OR CONDITION LEADING TO DEA es not mean the mode ure, asthenia, etc. It mer complication which	TH of dying, e.g. ans the disease caused death.	, (A) C o	eel		motostan	
RTIFICATION	RISE TO UNDERL	ANTECEDENT CAU ES OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT COND	IF ANY, GIVING STATING THE AST.	(C) .	ne es	Futastu	Stowal	3 years
CE	TO THE	IG TO THE OEATH, BUT DISEASE OR CONDITION	A CAUSING IT					
AL	19A. DATE	OF OPERATION O	19B. MAJOR	FINDINGS OF OP	ERATI	ON		YES NO
EDICA		ENT, SUICIDE, (Specify)		CE OF INJURY (o. g rm, factory, street, office bld		21c. WHERE DID ()	If in Baltimore City,	give exact location)
M	F INJURY		m. w	1E. INJURY OCCUR HILE AT NOT WHILE WORK AT YOU	LE D	21F. HOW DID INJUR	Y OCCUR?	
	22. I here deceased of 23A. SIGNA		193 ν α	deceased from and that death of	arred	at 630 P.m., from		the date stated above. 23c. DATE SIGNED
TI	AA. BURIAL, OF REMOVAL (ATE RECEIVE	CREMA- 24B. DATE Specify 7-15		CEDAR	#1.	FUNERAL DIRECTOR	Tette	ADDRESS (State)
	JUL 14	1952 Huntin	store 1	Illiama Mos	9	neldred ~	Blegh	1
	VS 150		0 6		6	5 2 6009	Harfor	id Kd

Carleyia, and Materia. One the deed being three see as a hope a thing of the said Lucia Markey ASOC MANGLES PIR TESE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6530

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Emma M. F.	lolmes		2. DATE OF DEATH JU:	ly 10,1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	give street address or location)	c. CITY OR TOWN		ts, write LURAL and give		
2012 Pulaski St.				township)		
2012 Pulaski St.	Yrs.		MOTE (If rural, give location)	•		
ength of stay in Baltimore Life	Mos. Days	2012 Pul				
5. SEX 6. COLOR OR RACE 7. SINGLE, M	ARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours		
Female Negro Widow	DIVORCED (Specify)	10/8/88	last birthday) M	onths Days Hours Min.		
	F BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF		
Housewife	INDUSTRY	Baltimore	Maryland	WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
Samuel Thomas Butler		Amelia Ma	tthews			
(Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. NONE	17. INFORMANT Rosie Brow	wn, Westminist	or, Md.		
18. 1/20.1		OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY		0		ONSET AND OEATH		
(This does not mean the mode of dying, e.g.,						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	, 1	11	1		
ANTECEDENT CAUSES	al	de de .	16-1 1			
(B) AND TON SOME SOME						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OUE TO			7 9 FW		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (AI STATING THE UNDERLYING CONDITION LAST.	(C)	······································		***************************************		
THE SIGNIFICANT CONDITIONS CON						
E OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.	***************************************					
	NDINGS OF OPER	RATION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDER- 21B. PLACE	OF INJURY (e.g., is	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)		
LYING OR CONTRIBUTING about home, farm,	, factory, street, office bldg., e	etc.) INJURY OCCURT				
210. TIME (Month) (Day) (Year) (Hour) 21E	INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?			
	RK NOT WHILE					
22. I hereby certify that I attended the dec	ceased from	Las 3, 19J;	to 190	, that I last saw the		
			row the courses and on t			
23A. SIGNATURES Fragues	м. О.	3B. ADDRESS	on leve	23c. DATE SIGNED		
TION REMOVAL (Specify)	. NAME OF CEMETE		240. LOCATION (City, town	n, or county) (State)		
Burial 7/14/52 1	Mount Aubu		Baltimore, Md.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIREC		ADDRESS		
1111 1 4 1952 H + ton W	Tioner MI	Charles R.	Law,802 Madi	SUI AVE.		
VS 150		0 6 5	ă.			

05-19 STREET, WILL SERVICE CHARLES THE RESIDENCE and the same of the same Sold Palacion Stos THE THIRD PLANT TO A STATE OF Depres at Shape . The dealers of the second or the second . The program of the state of t

525 52 6531 BIRTH NO.		EALTH DEPARTMENT E OF DEATH	52 Registered No.	6531
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH:	Dahnson	4. USUAL RESIDENCE (Wh	2. DATE OF DEATHURLY ore deceased lived it inst	1952
A. Baltimore City, Maryland	ital or institution, give street address or location) NS HOSPITAL	A. STATEMA.	B. COUNTY	before admission)
c. Length of stay in Baltimore	Yrs. Mos. Days	1101 W. Ja	ural, give location)	
10A. USUAL OCCUPATION (Give kind work done during most of working life, even if rotate	WYOWED, DIVORCED (Special)	11. BIRTHPLACE (State or for		Days Hours Min. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARM (Yes, no or unknown) (If yes, give war or de	ED FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAI	ADDR PKINS HOSPITAL	<u>LL</u>
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m	DIRECTLY ATH of dying, e.g., (A) Cere	bral Throm	,	T days
injury or complication which ANTECEDENT CAU	caused death.) DUE TO USES IF ANY, GIVING OF STATING THE DUE TO	ertension beles melli	fus	2 zears
Injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	CAUSED CONTROL	betes melli ma of breas		4 years
injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE OF UNDERLYING CONDITION UNDERLYING CONDITION TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR	Caused death.) DUE TO USES IF ANY, GIVING (B) AY A STATING THE DUE TO DIG (C) DIG OTTIONS CON- T NOT RELATED (C) N CAUSING IT. 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (c. g.,	betes melli ma of breas RATION In or 21c. WHERE DID (If		4 years 20. Adtopsy? YES NO
injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION UNDERLYING CONDITION TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION	Caused death.) DUE TO USES IF ANY, GIVING (A) STATING THE LAST. CITIONS CON- T NOT RELATED (C) DIA ON CAUSING IT. 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg.,	betes melli was of breas RATION 21c. WHERE DID (If 1NJURY OCCUR? EED 21f. HOW DID INJURY	in Baltimore City, give	4 years 20. Adtopsy? YES NO
injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONOITIC 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Yes INJURY 22. I hereby certify that I a deceased alive on 7-11 23A. BNATURE	DITIONS CON- T NOT RELATED ON CAUSING IT. 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg., r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ttended the deceased from 19 2, and that death occur.	Betes melli ma of breas RATION In or 21c. WHERE DID (If 10 INJURY OCCUR? RED 21f. HOW DID INJURY 10 - 5 , 1952, to 10 Injury 11 - 5 , 1952, to 10 Injury 12 - 5 , 1952, to 10 Injury 13 - 5 , 1952, to 10 Injury 14 - 5 , 1952, to 10 Injury 15 - 5 , 1952, to 10 Injury 16 - 5 , 1952, to 10 Injury 17 - 5 , 1952, to 10 Injury 18 - 5 , 1952, to 10 Injury 19 - 5 , 1952, to 10 Injury 19 - 5 , 1952, to 10 Injury 10 - 5 , 1952, to 10 Injury 1	in Baltimore City, give of the Coccur? -11, 1952, the causes and on the displayed by the Coccur and the Coccur	4 years 20. Adtopsy? YES NO exact location) at I last saw the ate stated above 3c. DATE SIGNED
Injury or complication which ANTECEDENT CAN ANTECEDENT CAN DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONOBITE 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year INJURY 22. I hereby certify that I a deceased alive on 7-11	DITIONS CON- T NOT RELATED ON CAUSING IT. 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg., r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ttended the deceased from 19 2, and that death occur.	Betes melli ma of breas RATION In or 21c. WHERE DID (If 10 INJURY OCCUR? RED 21f. HOW DID INJURY 10 - 5 , 1952, to 10 Injury 11 - 5 , 1952, to 10 Injury 12 - 5 , 1952, to 10 Injury 13 - 5 , 1952, to 10 Injury 14 - 5 , 1952, to 10 Injury 15 - 5 , 1952, to 10 Injury 16 - 5 , 1952, to 10 Injury 17 - 5 , 1952, to 10 Injury 18 - 5 , 1952, to 10 Injury 19 - 5 , 1952, to 10 Injury 19 - 5 , 1952, to 10 Injury 10 - 5 , 1952, to 10 Injury 1	in Baltimore City, give	20. ATTOPSY? YES NO CEXACT location) at I last saw the ate stated above. 3c. DATE SIGNED -12-52 ounty) (State) DRESS

Central I hombosis Hys. chiller There was all Transit to wife care of the state of

BIRI	H NO.				
	ME OF DECEASED or Print) BERNADETTE	REID		OF July 1	4, 1952
	ace of DEATH: ltimore City, Maryland	4	4. USUAL RESIDENCE		
HOSE	LL NAME OF (If not in hospital or institution, give ITAL OR TUTION Seton Institute	Inantion)	CITY OR YOWN (If	outside corporate limits, v	write BUR L and give township)
			STREET ADDRESS (If	rural, give location)	
	ngth of stay in Baltimore	Mos. Days	Seton Institute	e	District Control
5. SE	X 6.COLOR OR RACE 7. SINGLE, MARK	RIED. 8	DATE OF BIRTH	9. AGE (In years Um	der I Year If Under 24 Hours hs: Days Hours Min.
Fe	male White Single	1 (get. 19, 1901	50	
	JSUAL OCCUPATION (Givekindof 10B. KIND OF BU	INDUSTRY	1. BIRTHPLACE (State or for Band Ma	reign country) 12	2. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAME & ROID	1	A. MOTHER'S MAIDEN NA	rowning	
	or unknown) (If yes, give war or dates of service) SE	OCIAL I	MINFORMANT awrence B. R.	3/2ADD	RESS DO D
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	JE TO			INTERVAL BETWEEN ONSET AND DEATH
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUNDERLYING CONDITION LAST.	(B)			
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
7.1	A. DATE OF OPERATION 198. MAJOR FINDI	NGS OF OPERAT	TON		20. AUTOPSY?
MED 5			Seton Institu	OCCUR?	YES NO Le exact location)
	2. I certify that I took charge of the remain the evidence obtained by said Autopsy, In and death in my opinion resulted from: n	ns described about	ove, held an	ial autopsy inspection or Inquiry recased died on the X, homicide , und	letermined .
	BURIAL, CREMA- 24B. DATE 24C. NA		23B, CHIEF MEDICAL I ASSISTANT MEDICAL I MEDICAL INVESTIGAT OR CREMATORY 24D, LO	OR Jul	y 14, 1952 county) (State)

DATE RECEIVED BY LOCAL REGISTRAR 991X

REGISTRAR'S SIGNATURE

Bove & Balls M

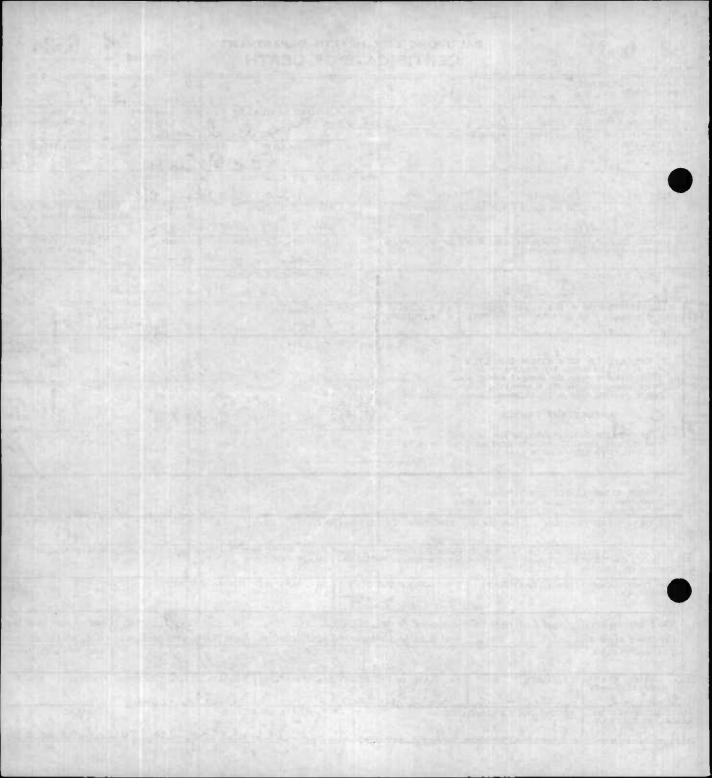
5	2 653	31 - 160475 33 Non Real		E OF DEATH	Registered No.	6533
	NAME OF Coppe or Print)		nn Johnson		2. DATE OF 7-14-	52
B. H	Baltimore (FULL NAME OSPITAL OR NSTITUTION	City, Maryland OF (If not in hospital Baltimor)	ol or institution, give street address of the partial scatton	4. USUAL RESIDENCE (WA. STATE A. STATE C. CITY OF TOWN (IF	where deceased lived, If inst B. COUNTY outside corporate limits, w	before admission) rite RURAL and give township)
0	Length of s	stay in Baltimore	Yrs. 19 days Mos. Days	D. STREET ADDRESS (If Westover, Md.		O
	remale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH Oct. 27, 1947	9. AGE (in years last hirthday) Month	Year Hunder 24 Hours S. Days Hours Min.
10 wor	DA. USUAL OC k done during most	CCUPATION (Givekind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
13	3. FATHER'S		lter James Johnson	14. MOTHER'S MAIDEN NA Juanita Hurley		/
15 (Ye	5. WAS DECEAS es, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records	, 4940 Eastern	AVe.
ATION	(This does heart failt injury or DISEASE:	SE OR CONDITION I LEADING TO DEAT 3 not mean the mode of inc, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LAS	OIRECTLY H c dying, e. g., is the disease, aused death.) ES ANY, GIVING STATING THE DUE TO			INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
EDICAL	21a. ACCID	DENT WAS UNDER-	218. PLACE OF INJURY (e. g., about home, farm, factory, etreet, office bldg.	in or 21c. WHERE DID (I	f in Baltimore City, give	20. AUTOPSY? YES NO Pexact location)
M	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT W					
		live on July 14	, 19 52, and that death occu		2	
1	4A. BURIAL. ON, REMOVAL (S ATE RECEIVE OCAL REGIST VS 150	Specify)	24c NAME OF CEMET S SIGNATURE STONE Williams My	ERY OR CREMATORY 240. LC	OCATION (City, town, or	

2560 50 - 10 10 E - 11 as puriou day "caffind h and training of the same of the Section Laboration in Contract vita modals with Terstration Sep. 191 1917 opening angular destraint The state of the s etterine intereste System 1915 All states of the states ALL STREET, STORY IN THE STREET STREET LEVEL ENGINEER PURCH TO A SECOND TO A SECO

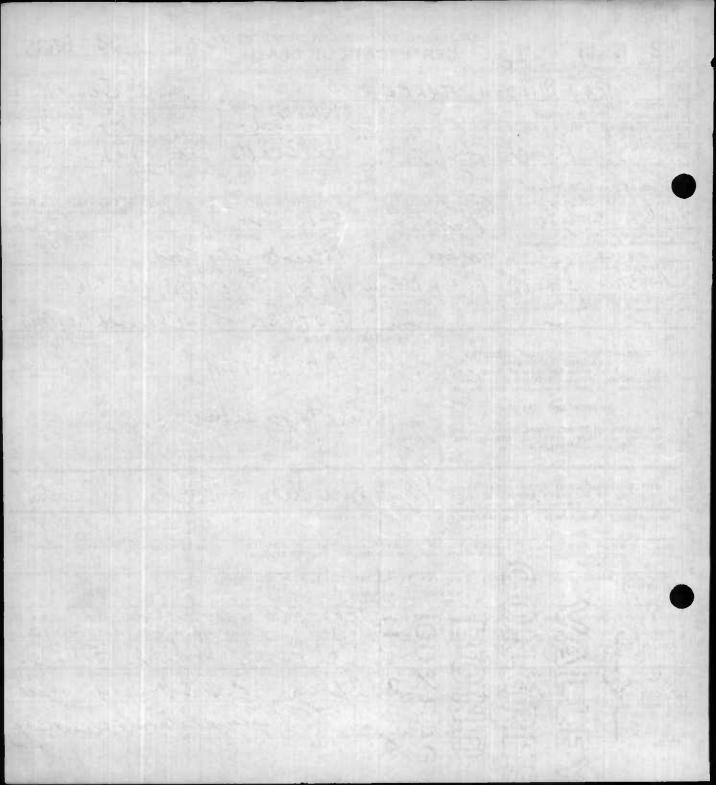
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6534

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) & entry Retter	2. DATE 13 July 1962 OF DEATH 6.20. P.m.
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street Address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street Address or HOSPITAL OR INSTITUTION	C. CITY OR TOWN (A outside corporate limits, write RURAL and give township)
Title Sisters 1 1 Xrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 7 house Days	1200 Valley St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	I BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ionio Ketter	amanda Hednik
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS & The 1001
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, nsthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ebral Hemonhage lage leno Solerosis 5 ys
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	ly 1- , 1957, to July 3 , 1952, that I last saw the
deceased alive on July 13, 1951, and that death occur	
E Till Hall Mil.o.	238. ADDRESS & North ave 23c. DATE SIGNED 7/14/53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR LIU 151952 H. t. tar WII	12 1-11-12 0 0 0 do - 7 0 1 do 0 0
JUL 15 1932 The Transfer Williams M.P.	The unaction of the state of



~1	416					
	FO 0-0-	EALTH DEPARTMENT Registered No. 6535				
	BIRTH NO. 92 -/ (2027)	E OF DEATH Registered No. O.				
	(Type of Print) RAY WILSON HULBER	2. DATE OF DEATH 13 JULY 1952				
	3. PLACE OF DEATH:/ A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location					
	INSTITUTION St. Hans Howard	Elicate City, Md. township)				
reg in	ength of stay in Backmore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)				
alla	That wints 7. Single, MARRIED. WIDOWED DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years 1 Under 1 Vest If Under 24 Hours In Under 1 Hours In Under 24 Ho				
172	10A. USUAL OCCUPATION (Give kind of 10B. KIND of BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
12.	MATHER'S NAME	Ellesto City ma				
nean	CARSON DAVID HULBER	MAY SYLVIA WALKER				
20.0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	MATHER TO FOR ADDRESS N. C. t. MA				
1000	18. 77/ V CAUSE	OF DEATH				
2	DISEASE OR CONDITION DIRECTLY	ONSEI AND DEATH				
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	EMATURITY : 5-10Min				
	injury or complication which caused death.) DUE TO					
0.00	ANTECEDENT CAUSES	n menancy.				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
	OTHER SIGNIFICANT CONDITIONS CON-	me lator + deliver 32 who.				
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?				
	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?				
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE					
И	22. I refeby certify that I attended the deceased from 7-13-5719, to 7-13-5719, that I last saw the					
ı	deceased alive on 18 and that death occu	arned at				
ı	224 MATTER COO. TErm. M.D.	236. Janes Howard 7-14-52				
ı	24A BURIAR, CREMA- 24B. DATE 24C. NAME OF CEMET TION REMOVAL (Specify) 7-15-52 Lood LA	ery or GRENATORY 24D. LOCATION (City, town, or county) (State)				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FINERAL DIRECTOR ADDRESS				
	JUS 50	The foresame leasting				
	7 7 60					



eceuseu alive on_	/- 17, 19 Y	2. and that ac	eain oec	urrea at / -	s.m., from to	ne causes ana c	m the date st	ated abo
BA. SIGNATURE		0 .		23B. ADDRESS				TE SIGN
Martina	griona -	Certega	M. D.	Mercy	Atrapa's	Tal Bali	t. 7-19	4-12
BURIAL, CREMA- 2	248. DATE			TERY OR CREMAT				(Stat

TION, REMOVAL (Specify) Uria

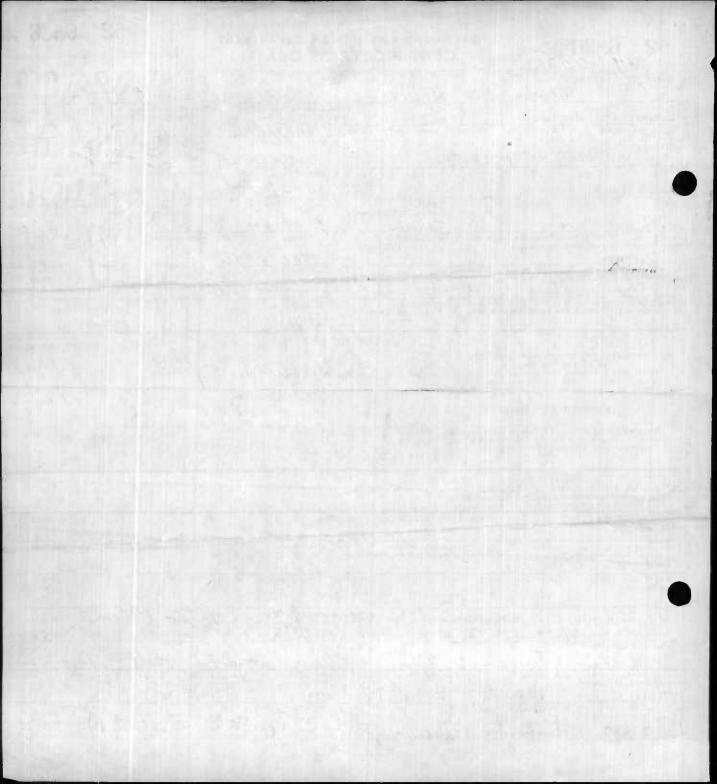
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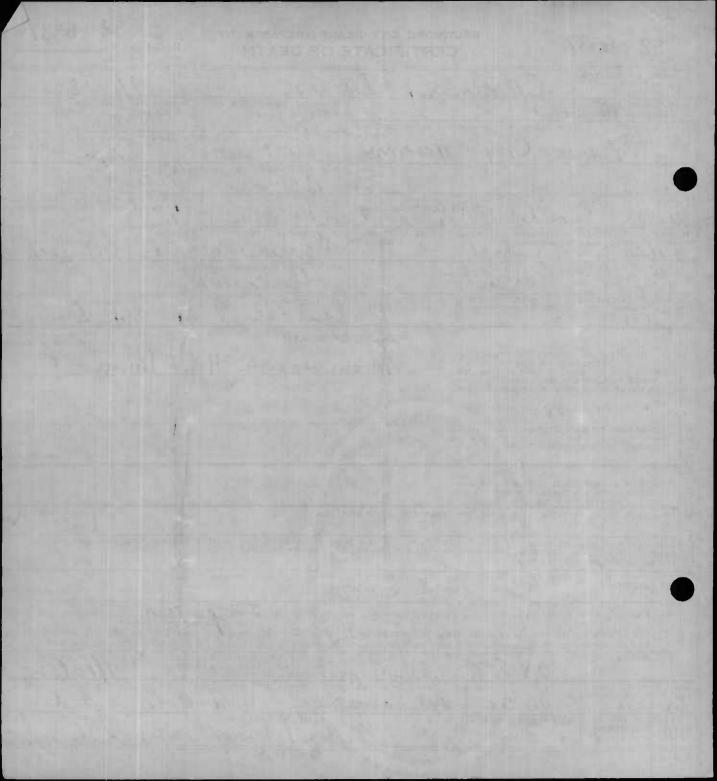
DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

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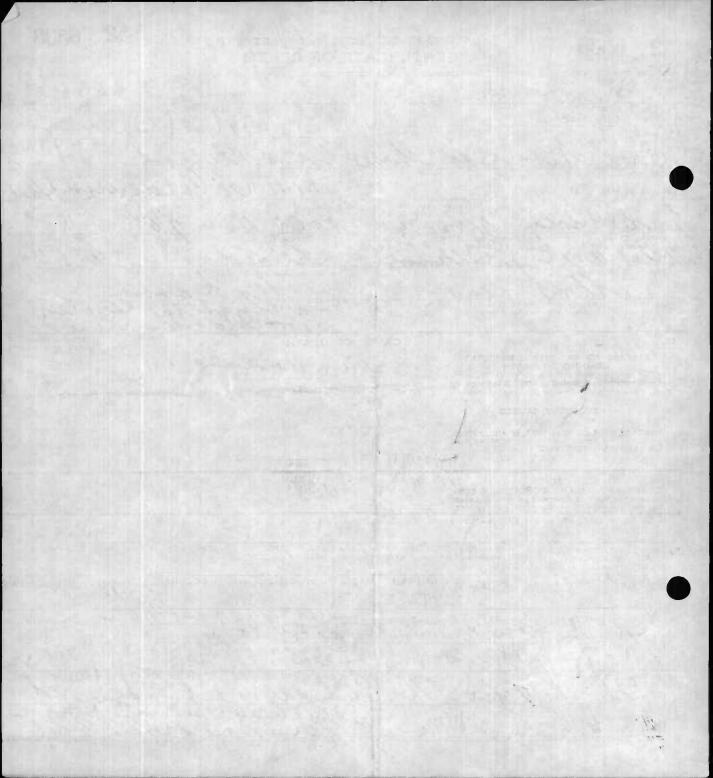




BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, I institution; residence A. STATE before admission A. Baltimore City, Maryland POLITY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN Mmits, write RURAL and g INSTITUTION KJav. Yrs. Mos. c. Length of stay in Baltimore Days AGE (in years) If Under 1 Year II Under 24 Hours last birthdat) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED DOWED, DIVORCED (Salify) 10A. MSUAL OCCUPATION (Giv Rindof work deneduring most of working life, every firetired)

13. FATHER'S NAME SS OR 12. CITIZEN OF WHAT COUNT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Ywe, no or unknown) (If yes, give war or dates of service) SECURITY NO. 422. INTERVAL BETWEEN CAUSE OF ONSET_AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from that I last saw the deceased alive on and that death occurred at the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24C NAME OF DATE RECEIVED BY REGISTRAR'S SIGNATURE

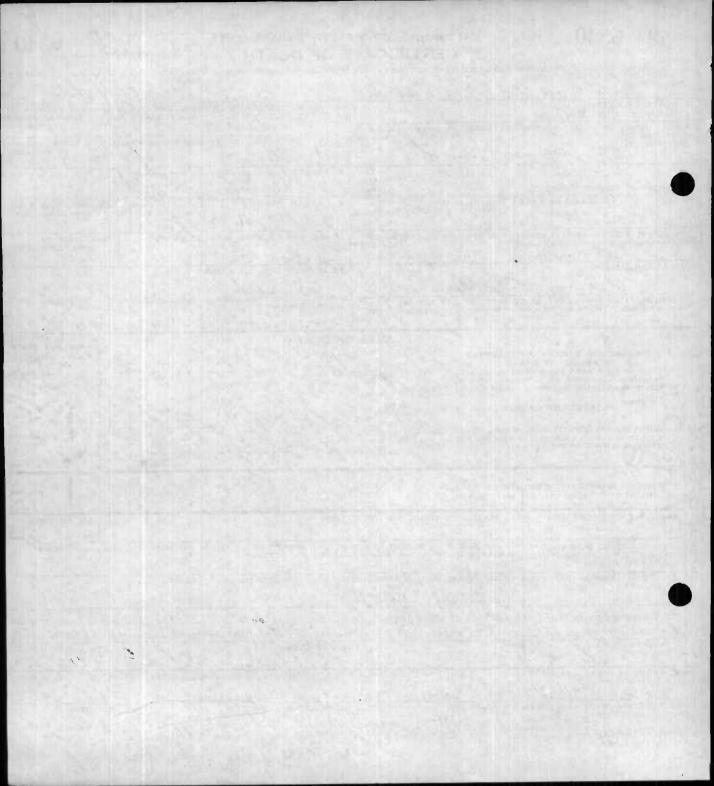
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22 54 244 LETOLIS OF TANDAS SCHOOL

H	00			
	52 6540 BALTIMORE CITY HE	EALTH DEPARTMENT	52	6540
BI	CERTIFICAT	E OF DEATH	Registered No.	0030
1.	NAME OF DECEASED Wesley		2. DATE /	
	Speed Print) GEORGEINFILEY		DEATH 7/19	1/52
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	B. COUNTY	ition : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR		outside corporate limits, writ	e RURAL and give
IN	STITUTION ST agnes Hospital	Baltime	28-0	township)
	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	length of stay in Baltimore Days	709 Drocke	wood of	V (H 1) 1 01 H-11
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years f Under Months	Year If Under 24 Hours Daya Hours Min.
10	A. USUAL OCCUPATION (Givekinder 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		CITIZEN OF
work	domeduring most of working life, even if retired) INDUSTRY The Vice Pres Insurance	Marvland	C	VHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	
-	Jeorge Telley	Sarah		
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? A, no or unknown) (If you, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRE	
-	to 1000.	Mrs. Charles You		TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH		NSET AND DEATH
	(This does not mean the mode of dying, e.g.,	lennie - arter	- schute	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES	. 18	1	
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	mone of o		••••••
FA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	il Changes		
FICATION	(C)	f		
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
S	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
اب	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c.g., i	n or 21c. WHERE DID (I	f in Baltimore City, give e	xact location)
	LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., CAUSE OF DEATH	INJURY OCCUR?		
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	EASSESS
K	m. WHILE AT NOT WHILE AT WORK	<u> </u>		
	22. I hereby certify that I attended the deceased from 7/dcceased alive on 7/12, 19 ⁵² , and that death occur 23A. SIGNATURE 7 7	11 1952, to	7/14, 1957 tho	
	deceased alive on 7//), 19 ³ 2, and that death occur	rred at / Im., from th	he causes and on the da	
	Vista & Jim M. D.	Stamo	1/000 7	DATE SIGNED
	AA. BURIAL, CREMA- 24B. DATE J 24C. NAME OF CEMETE	RY OR CREMATOR 24D. LC	OCATION (Coy, town, or con	unty) (State)
I_	Runial 7/16/50 / Woodlarm Com	Noda	lawn, Md.	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	10000 14 800	RESS
	1111551950 Turkington Velleaces, Mrs.	MI. J. M	Mur Valv	W
	1 9 5 2 0 1-7	6 5 4 7 /2	a 2to 17 11/1	11
		(0)	w. 11	



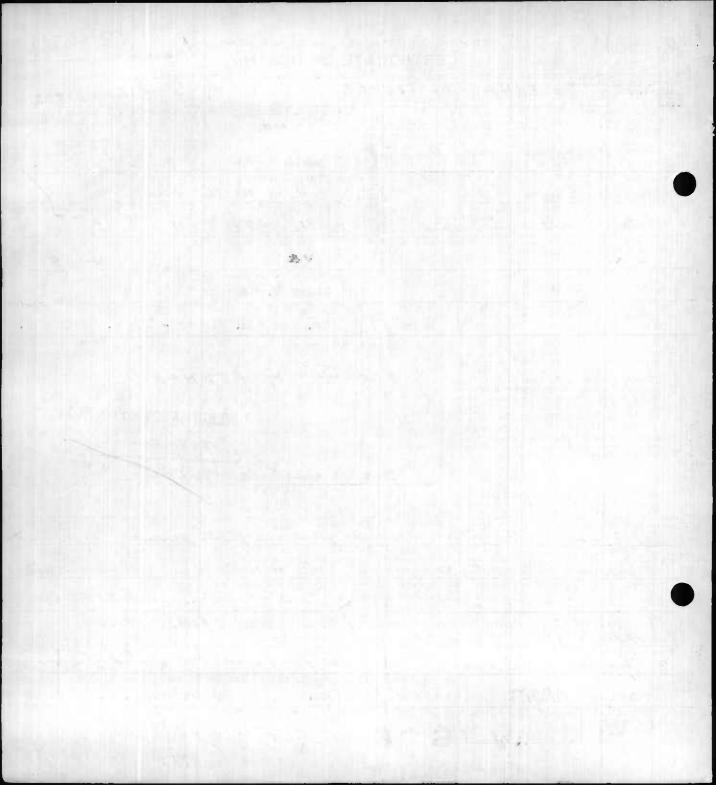
52 6541 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE 5. FISHER GLENNA (Type or Print) July 14, 1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Maryland Genera Ballimare D. STREET ADDRESS (If rural, give location Yrs. Mos. 104 W. North free; Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year I Under 24 Hours last birthday) Months: Days Hours: Min. Eemale uluite. Nou: 16, 1874 moured 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY H - W. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHW LUCOS Susan C. Bonsack 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Mr. Frank M. Fisher - 104 W. North Ave. none NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (Fracture of RT: Hip. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CERTIFICATION APPROVED BY ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CHIEF OR ASST. MEDICAL EXAMINER. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

Julius Charles Archive of RT: fewer YES No

1218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)

1218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 10/52 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE 104 W. March 9 cu; 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY Fell & landed an leer RT; lip 22. I hereby certify that I attended the deceased from_ 1952 to 7 ___, 19.5 2that I last saw the , 19 52 and that death occurred at 3 25 deceased alive on_ .m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE marinhard General Haspi Lollecta 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Removal 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Cedar Hill Cem. Washington, D. C. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

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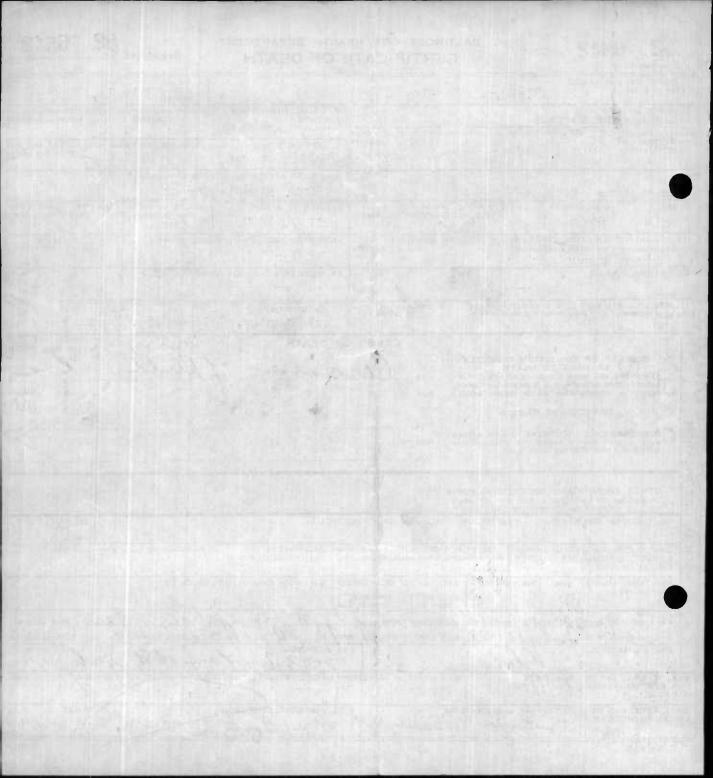


52 6542

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6542

BIRTH NO.	ERTIFICATI	E OF DEATH	registered 1	10.
1. NAME OF DECEASED (Type or Print) F. Norman Sta	anley		2. DATE OF July DEATH	13, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution,	give street address or	4. USUAL RESIDENCE (VA. STATE - Maryland	Where deceased lived, If B. COUNTY	institution: residence bcfore admission)
HOSPITAL OR INSTITUTION 750 W. Fayette Street	location)	A/	f outside corporate limit	s, write RURAL and give township)
ength of stay in Baltimore	Yrs. Mos. Days	750 W. Fayette	rural, give location) Street	
male white farr	DIVORCED (Specify)	April 7, 1887	last birthday) Mo	onths Days Hours Min.
American Rescue Worker We	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f New York	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	S. SOCIAL SECURITY NO.	17. INFORMANT Paul Stanley, Co		odress ennessee
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A)	cenowa of	Wrinang LBladder	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FILE	NDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 21B. PLACE	OF INJURY (e. g., is	a or 21c, WHERE DID (If in Baltimore City,	YES NO
LYING OR CONTRIBUTING about home, farm, CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E	Indury Occurr INJURY OCCURR E AT NOT WHILE RK AT WORK Ceased from I that death occur 2	ED 21F. HOW DID INJUR	Y OCCUR?	Zthat I last saw the last stated above.
24A. BURYALI CREMA- RAB. DATE 24C		Cemetery Dor	OCATION (City, to by,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE HALL 15 10 9	liams, M.P.	Mm. Cook	21 1217 St.	Paul Street
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as a coloured important and orders prease write the causes of death creatly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6543

BIRTH NO.	CLIVI	II-ICATI	E OF DEAT		4 2 1 0 2
1. NAME OF DECEASED (Type or Print) Keth	erine f Loewer			2. DATE OF DEATH JU	ly 12 1952
3. PLACE OF DEATH: A. Baltimore City, Maryla B. FULL NAME OF (If not in the control of the contr	nd 511 N Castle &		4. USUAL RESIDIA. STATE Md c. CITY OR TOWN Baltime	ENCE (Where deceased lived B. COUNTY (If outside corporate li	. If institution ; residence
		Yrs.	D. STREET ADDRE	SS (If rural, give location	
Length of stay in Baltin		Mos. Days	511 N (Castle	
5. SEX 6. COLOR OR Female Whi	WIDOWED, DIVO		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Gi work done during most of working life, even	vekindof 108. KIND OF BUS	INESS OR		State or foreign country)	12. CITIZEN OF
Housewife	at home	INDUSTRY	Balt	imore	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MA		
John Walters			Louisa Rees	e	
15. WAS DECEASED EVER IN U. (Yes, no or unknown) (If yes, give w	ARMED FORCES? 16. SOC		17. INFORMANT		ADDRESS
(1. 300, 2.10)	SEC	URITY NO.	Leonard F Lo	ewer 511 N Cast	
DISEASE OR CONDITUTE OF THE DISEASE OR CONDITUTE OR CONDITUTE OF THE DISEASE OR CONDIT	D DEATH mode of dying, e. g., c. It means the disease, which caused death.) C CAUSES (BONS, IF ANY, GIVING ISE (A) STATING THE ION LAST. (C CONDITIONS CON- H, BUT NOT RELATED NOTION CAUSING IT.	TO D	of DEATH ATION	liny - Panere	INTERVAL BETWEEN ONSET AND DEATH Such
21A. ACCIDENT, SUICIDE HOMICIDE (Specify)	21B. PLACE OF IN about home, farm, factory,	wing	97/1 de		YES NO PROPERTY OF THE PROPERT
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AI NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on that I last saw the deceased alive on the date stated above 23A. SIGNATURE 21F. HOW DID INJURY OCCUR? (10 , to 7) 10 , that I last saw the deceased alive on the date stated above 23B. ADDRESS 44 23C. DATE SIGNED					
TION. BOVAL (Specity)	ATEN 18/12 HOL	M. D. V	O) (MULL) RY OR CREMATORY Leene	24d. LOCATION (City, to) Ballo	wnfor county (State)
DATE RECEIVED BY REGISTAR	Afar's SIGNATURE	us Moto	Ullalit	End Home o	2004 Cle

THE REPORT OF STREET, SHE WINDS NAME OF STREET S Hardway Tolk A. -300

	52	6544			ALTH DEPARTMENT	52	6544
В	IRTH NO.		CE	RTIFICATI	E OF DEATH	Registered No.	
	NAME OF D	144	D	11 6) . //	2. DATE OF T. 1.	. /
	PLACE OF	Sr. Mary	Tos	etta /	udd	DEATH JULY	14,1952
		City, Maryland	BAIto.	MAryland	4. USUAL RESIDENCE (V	B. COUNTY	before admission)
	FULL NAME	OF (If not in hospital	al or institution,	give street address or location)	C. CITY OR TOWN (I	13A 1+0	
11	NSTITUTION	tre Dame	of man	land	Ball	outside corporate limits.w	township)
4	1701	tre Pame	of Willer	Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	Length of	stay in Baltimore	most of	life Mos.	47017.	Charles	St.
5.	. SEX	6.COLOR OR RACE		ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years Under last birthday) Month	s: Days Hours Min.
10	P IISIIAI O	W	~5		111Arch 4,189	9 53	
wor	k done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	. CITIZEN OF WHAT COUNTRY?
13	A FATHER'S	Chcr NAME			HICXANDIA 14. MOTHER'S MAIDEN N	AME 9/19/A	215
	C.h.	neles R		0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1
15	5. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES? 16	. SOCIAL	Elizabeti	ADDI	TON
(Ye	es, no or unknown	(If yes, give war or dates	s of service)	SECURITY NO.	La marie	Partie R. n.	4701 n Charles
_	18. / 7 /	X		CAUSE	OF DEATH	egetta (1.77.	INTERVAL BETWEEN
	DISEA	SE OR CONDITION		2		2.	ONSET AND DEATH
	(This doe	LEADING TO DEAT	f dying, e.g.,	(A) Ca	remove of	1 sour	
	injury or	ure, asthenia, etc. It mea complication which c	ns the disease, aused death.)	DUE TO LL	elle Hours	mage 1	
		ANTECEDENT CAUS	ES	0		1 10	
Z	DISEASE	S OR CONDITIONS, 18	F ANY, GIVING	(B) A	erewow	4 Break	••••
ATION	RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE TO	antests	LT Bown	
10				(C)		***************************************	
RTIF	OTHER	II CONDU	TIONS				
ш	TRIBUTIN	GIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
O		OF OPERATION A 1		DINGS OF OPER	ATION		20. AUTOPSY?
AL	27	roge!	Ra	remove	of Burs		YES NO
IEDICA		DENT WAS UNDER- R CONTRIBUTING A DEATH	21B. PLACE about home, farm, f	OF INJURY (e. g., in actory, street, office bldg., e	or 21c. WHERE DID (to.) INJURY OCCUR?	If in Baltimore City, give	exact location)
2	ID. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURR	21F. HOW DID INJUR	Y OCCUR?	
	MUSOKI		m. WHILE				
	22. I herel	by certify that I att	ended the dec	eased from 97	12, 1952 to	July 19, 19.52	hat I last saw the
	deccased a	live on guy (4	19 3 2, and	that death occur	red at 4:40 m., from t	he causes and on the	late stated above.
	23A. SIGNA	TURE			3B. ADDRESS	and St. 2	3C. DATE SIGNED
2	4A. BURIAL.	CREMA- 24B. DATE	24c.	M. D. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or)	ounty) (State)
TI	ON. REMOVA	Specify) 7-16	-52 5	ISTERS	CEM. CH	ARLES STAT	OMEL AUDA
	ATE RECEIVE		S SIGNATURE	1	25. FUNERAL DIRECTOR	A A.	DDRESS
L	OCAL REGIST		tington 1	Velliquis M	Blacks XX	eiler 9015, C	ONKLING
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BALTIMORE CITY HEALTH DEPARTMENT

52 6545

BIRTH NO. CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED (Type or Print) Mrs.	Martha V. Harwood	2. DATE OF DEATH July 1	2, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If insti	itution : residence before admission)				
	oital or institution, give street address of location	Maryland					
4143 Fa	lls Road	Baltimore /3 -	0 1 township)				
	Yrs. Mos,	D. STREET ADDRESS (If rural, give location)					
Length of stay in Baltimore	o years Days						
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widow	8. DATE OF BIRTH Nov. 18, 1860 9. AGE (In years last birthday) Months	Days Hours Min.				
10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retire		11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF				
_At Home	d) INDUSTRY	Maryland	US A COUNTRY				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Joshua Harvey		Martha Jones					
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	Mrs. Wm. F. Schoenhaar 4143 Fa	lls Road				
LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It minjury or complication which ANTECEDENT CALL ODISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION IN TRIBUTING TO THE DEATH, BUT OTHE DISEASE OR CONDITION TO THE DISEASE OR CONDITION	of dying, e. g., eans the disease, caused death.) DISES IF ANY, GIVING DUE TO AST. (C) DITIONS CONTROL OF THE LAST.	anoma of wear					
194. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
N N			YES NO				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or Lying Or Contributing about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from \$\frac{1}{2}\$, 19.7, to \$\frac{1}{2}\$, 19.7, that I last saw the deceased alive on \$\frac{1}{2}\$, 19.7, and that death occurred at \$\frac{7}{2}\$. ADDRESS \$\frac{23c.}{23c.}\$ DATE SIGNED							
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE						
Burial July 15		Baltimore, Maryla					
LOCAL REGISTIFICATE	tington Williams, My	Burges Funeral Home 3631 Fall	s Road				
VS 150	01500	Horace F. Durgee					

THE OWNER OF THE PARTY OF

was alles eith committee . The and

DEAL THE . TOURS IN

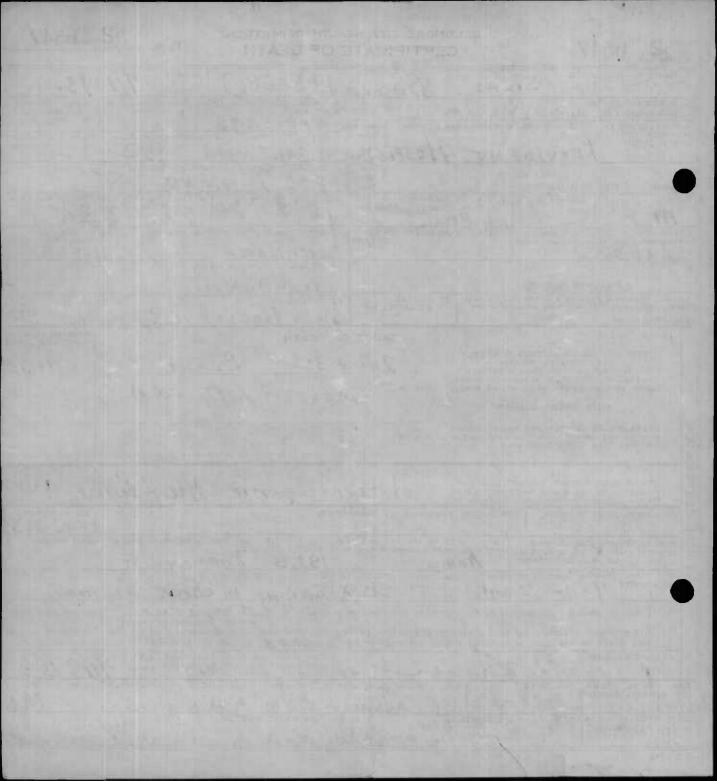
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BALTIMORE CITY HEALTH DEPARTMENT

52 6546

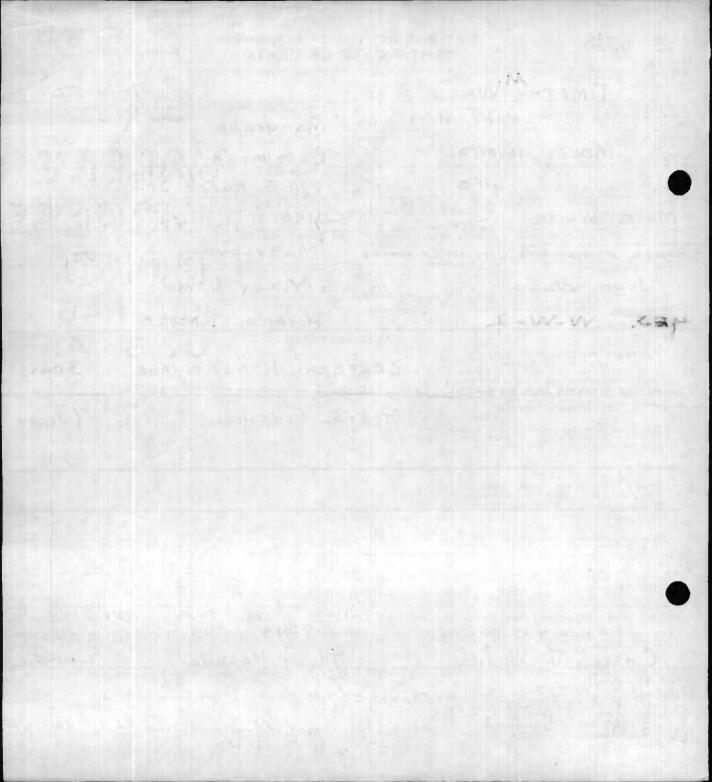
В	RTH NO.	4-16		CERTIFICA	TE OF DEATH	Registered	1 No
1.	NAME OF D	ECEASED				2. DATE	
(T	Ly 14. 1952						
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDEN	CE (Where deceased lived, B. COUNTY	If institution; residence before admission)
11	FULL NAME		al or institu	tion, give street address		land	berore admission;
	SPITAL OR			locatio	n) c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give
	100	1219 W. 4	Oth Str	eet	Balt	imore / S	- 0 8 township)
				Yr. Mo		S (If rural, give location)	
-		stay in Baltimore	Life	Da	73 1219	W. 40th Street	
5.	SEX	6. COLOR OR RACE	WIDON	E, MARRIED. VED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year If Under 24 Hours Months Days Hours Min.
	Female	White	Wlac		Jan. 27, 187		
worl	At Home	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUST	II. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAID		
		am Munzert			Elizabeth Se	lden	
15 (Ye	. WAS DECEAS no or nnknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO	17. INFORMANT Arthur M. Ru	by 1219 W. 40	ADDRESS Oth Street
	18. 171	Χ.		CAUSI	OF DEATH		INTERVAL BETWEEN
	. / -	SE OR CONDITION	DIRECTLY		0	100	ONSET AND DEATH
	(This does	LEADING TO DEA	f dying, e.	g., (A)	parcinound	of break	5-6.19
	heart failt injury or	eomplication which	ns the diseas aused deatl	se, 1.) DUE TO			
		ANTECEDENT CAUS	FS		1.	hote	
z				(B)	gentrally	ell the longs	4
ATION	RISE TO T	S OR CONDITIONS, I	STATING T	NG HE DUE TO	0		
A	UNDERLYING CONDITION LAST.						
F							
RT	OTHER SIGNIFICANT CONDITIONS CON-						
CE		TO THE DEATH, BUT				···· ··· ··· ··· ··· ··· ··· ··· ··· ·	
J	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINGINGS OF OF	ERATION 1 6	1.6	20. AUTOPSY?
V	my	41/441	1	lear of	age one	all .	YES NO
MEDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or ling) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
7		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCU	RRED 21F. HOW DID II	NJURY OCCUR?	
L	WHILE AT NOT WHILE AT WORK AT WORK						
	22. I herel	y certify that I att	cnded the	deceased from	5-6 1948	to 7 - 14 . 19	Lythat I last saw the
		live on 7-14	- 7		curred at 10 A. m., f		
	23A. SIGNA		10	/2	238 ADDRESS	unl.	23c. DATE SIGNED
	da	weny)	flew	and M.D.	3711 Jall	114	7-13 3 6
TI	ON, REMOVAL	CREMA- Specify) 24B. DATE		24c. NAME of CEME	TERY OR CREMATORY 2	24d. LOCATION (City, tov	vn, or county) (State)
	Burial	July 1	7. 1952	Jessops	Los simes		Maryland
	ATE RECEIVE	TRAR	1-	ME Mil.	25. FUNERAL DIREC		ADDRESS
-	JUL 15	1952	rengeo	~ Vallacus.	A Burgee Funer	alphome 3631	Falls Road
1	VS 150		1 09	D die W	Horace 9	· Rurgel	

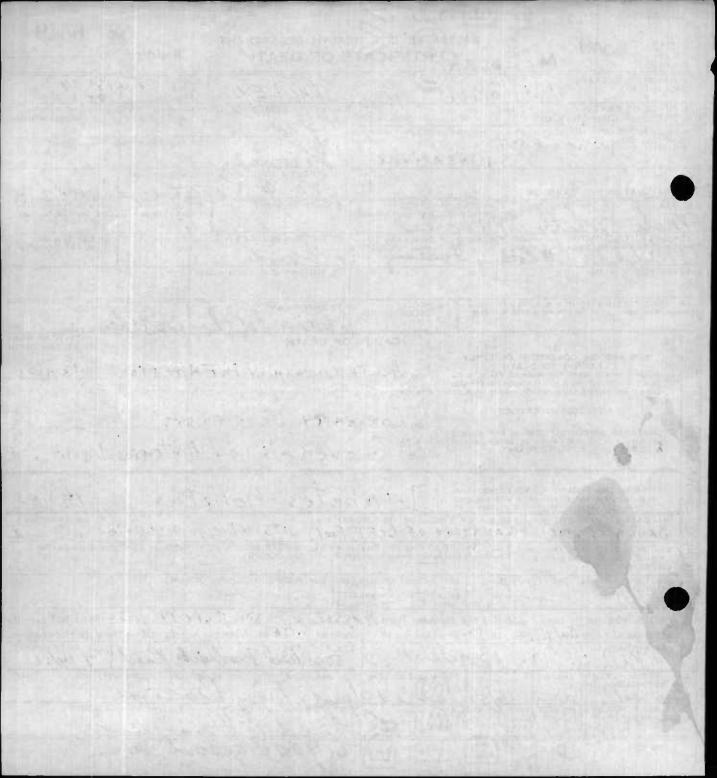
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52 6548 Registered No. OF 7-14-52

A Baltimore City, Maryland SALIMORE FULL NAME OF (If not in hospital or institution, give street address or hospital OR institution) B FULL NAME OF (If not in hospital or institution, give street address or hospital OR institution) B FULL NAME OF (If not in hospital or institution, give street address or hospital OR institution) C CITY OR TOWN (If outside corporate limits, write RURAL and give location) B ALTIMORE D. STREET ADDRESS (If rural, give location) WHOME OF BIRTH 9. ACE (In years) 108. LINE OF BIRTH 9. ACE (In years) 109. ACE (In
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MALE WHITE 10A. USUAL OCCUPATION (Givekind of rorred down deading most of work in give were red at the second of
10A. USUAL OCCUPATION (giving proteined) PARTY LAND PARTY LAND 11. BIRTHPLACE (State or foreign country) PARTY LAND PARTY LAND 11. BIRTHPLACE (State or foreign country) PARTY LAND PARTY LAND 11. BIRTHPLACE (State or foreign country) PARTY LAND PARTY LAND 11. BIRTHPLACE (State or foreign country) PARTY LAND PARTY LAND 11. BIRTHPLACE (State or foreign country) PARTY LAND 17. INFORMANT PARTY LAND
INDUSTRY ABOUEL - STREATSWEEPCR CITY OF BALTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY LAMP 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. HOSPITAL RECORD CAUSE OF DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yoe, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT RECORD 18. SOCIAL SECURITY NO. 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED
JOHN WARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORD CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) (A) CEREBRAL HEMORITHAGE (B) ADDRESS (A) CERE
(If yes, give war or dates of service) 8. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) PORTAL CIRRHOS/S (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED
B. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) PORTAL CIRRHOSIS (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED
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(C) L C OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED
OTHER SIGNIFICANT CONDITIONS CON-
Ⅲ TRIBUTING TO THE DEATH, BUT NOT RELATED
The state of the beautiful bot hot keeples
TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?
S CAUSE OF DEATH
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK
22. I hereby certify that I attended the deceased from 7-11- , 1957 to 7-14 , 1957 that I last saw t.
deceased alive on July 14, 1952, and that death occurred at 8:05An., from the causes and on the date stated about
account across the contract of
23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE
23A. SIGNATURE OSEPH J. Wichels M.D. Wercy Hospital 7-14-52
Oseph J. Wichels M.D. 238. ADDRESS 1230. DATE SIGNE 7-14-52



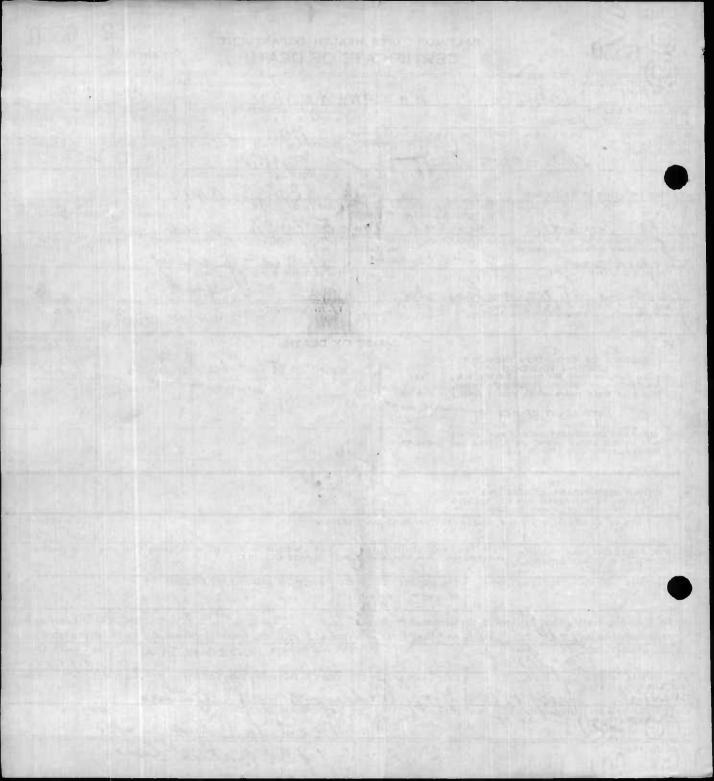


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6550

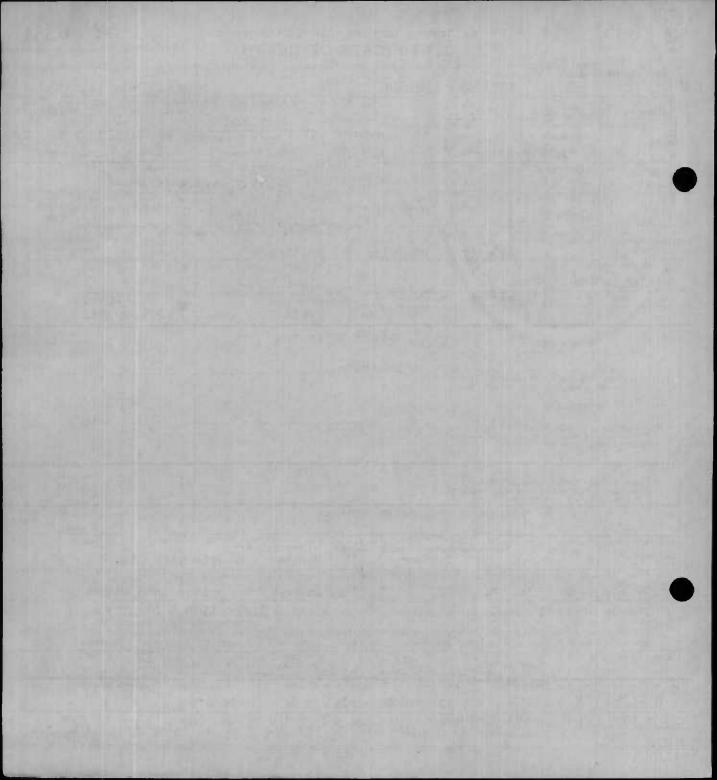
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN ROZAN	KOWSKI 2. DATE OF JUL 1.4 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAL	BA116. 2-02 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	325 S. ANN ST 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
male with wassing (Specify)	3-7-96 Jast birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR vork downing most of working life, even if retired) INDUSTRY	11 STRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Superiner CHEMICALS	flow Lessey
13 FATTER'S NAME	144 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S/ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or lates of service) SECURITY NO.	17. INFORMANTO ADDRESS
(Yes, no or unknown) (If yes, give wer or lates of service) SECURITY NO.	17. INFORMANTOHNS HOPKINS HOSPITAL
1 1 104 =/	of DEATH wes metastatie to lives 6 mm.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
U 21A ACCIDENT WAS JUNDED 21B. PLACE OF INJURY (6. g., i.	nor 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	
id. TIME (Month) (Day) (Year) (Hour) FINJURY MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Z-	-1/- , 1952 to 7-14- , 195 Rthat I last saw the
deceased alive on 1-14- 195 and that death occur	rred at A. m., from the causes and on the date stated above.
23A. SIGNATURE arteret laurences.	23B. ADDRESSIS HOPKINS HOSPITAL 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 245 LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAD'S SIGNATURE.	20 FONERAL DIRECTOR ADDRESS
VS 150 2 9 0 4 R	10308 ATT CENS



65	0						
52	65	51	BAL	TIMORE CITY HI	EALTH DEPARTMENT		2 6551
BIRT	H NO.			CERTIFICAT	E OF DEATH	Registered N	0
	ME OF D					2. DATE	
	ACE OF D		WILLIAM	BROWN	4. USUAL RESIDENCE (\	DEATH JULY	14, 1952
A. Ba	altimore (City. Maryland	Balto. (A. STATE	B. COUNTY	before admission
HOSE	LL NAME	OF (If not in hospi	al or institut	ion, give street address or location)		f outside corporate limits	write RURAL and giv
INST	ITUTION	South Ba	ltimore	General Hosp		25.	3 township
				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore	Lii	Ce Days	1105 Slat		
5. SE		6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH May 26, 1916	9. AGE (In years Hast birthday) Mor	Under 1 Year If Under 24 Hours ths: Days Hours Min
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
WOLK GOT	Janit			ial Building	Baltimore		USA
	ATHER'S N				14. MOTHER'S MAIDEN N	AME	
	zkiah				Elnor Banks		
(Yes, no	or unknowo)	O EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Marie E. Brown		DRESS
18	F 0 =	2 - 1			Marie E. Brown	I-IIO) Statet.	INTERVAL BETWEE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.							
	4 357 4 5	SEASE OR CONDITION		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL							YES NO X
O 21	UNDERLYING OR CONTRIB.						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
1	July 14, 1952 3:00 P. m. WHILE AT NOT WHILE X Jumped from bridge into water						
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [], accident [], suicide [X], homicide [], undetermined []. 23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER							
	BURIAL, C	REMA 248 DAVE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	
	Burial	7-18-57		Arbutus Memor		outus	ADDRESS
LOCA	RECEIVE L REGIST	DAD III A"	glor	Velliques, My?	Eliving Wilson	m 1000 Bio	ulyane
I V S	121	990X		770	74		

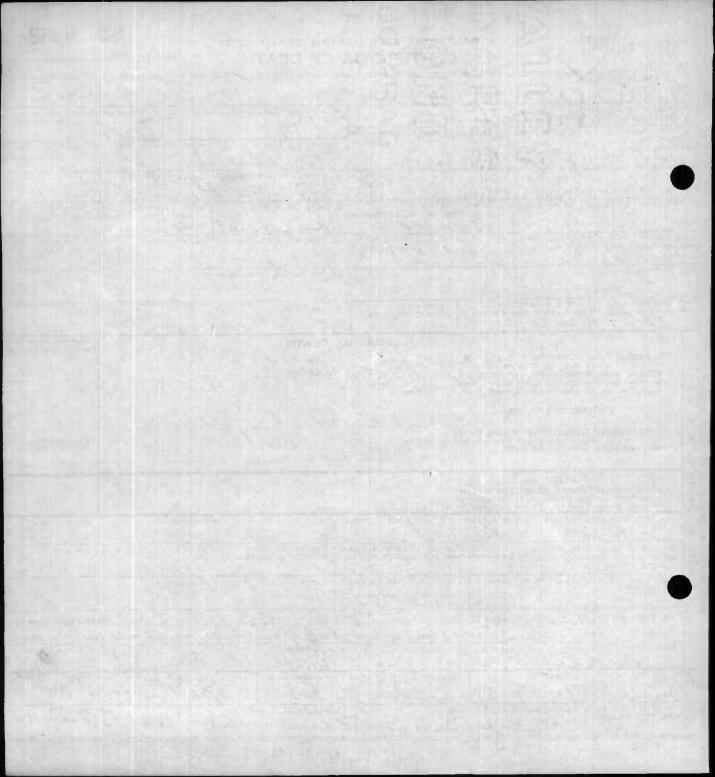
Thy hans, please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

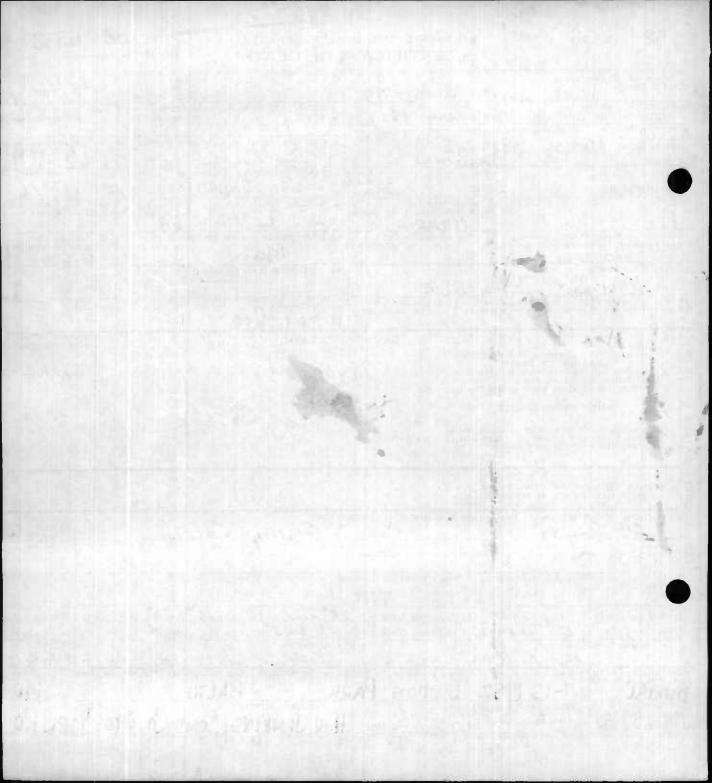
52 6552 Registered No.

	ATTI NO.						
1:		DECEASED SPENO	FRI	WALKER		2. DATE OF DEATH	7-13-5-
A.		City, Maryland 🌽	alls. 6	City	4. USUAL RESIDENCE (Where deceased lived B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	tal or instituti	ion, give street address or location)		f outside corporate li	mits, write RURAL and give
IN	INIVEL	sity of	Md-	Hosp.	Baltemo	u /	5-03township)
G.	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural give location)	Talan
	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years	
1	K	8	110	ED, DIVORCED (Specify)	May.30.1909	43	Months Days Hours Min.
worl	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	1 / /		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	13/19	· July	14. MOTHER'S MAIDEN N		1 4.517.
	20	ences Wa	lker	MILLIA,	0-		
15 (Ye	WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 00	ADDRESS
	ejco	Wav# 2		SECONTI NO.	Olivea	Walk	er.
	18 55	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION			enter to		7
	heart failu	not mean the mode oure, asthenia, etc. It mes	ans the disease	e.	enunus	***************************************	
	injury or	eomplication which	eaused death	DUE TO			
_		ANTECEDENT CAUS	SES	Pu	stund on	sendir	
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
FIC	(C)						
ERTI	OTHER SIGNIFICANT CONDITIONS CON-						
S	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	1 10	20. AUTOPSY?
EDICAL	7-13-57 Liptured operative + Bulliments YES NO TO 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)						
MED		PENT WAS UNDER- R CONTRIBUTING DEATH		arm, factory, street, office bldg., e	INJURY OCCUR?	II III Dallimore Ore	y, give exact location)
	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRI		Y OCCUR?	
R			m.	WORK NOT WHILE			**
	22. I hereb	y eertify that I att			195 to_	7 - 13,19	Sthat I last saw the
		live on 7-13	_, 19_5_7,	and that death occur		he causes and or	the date stated above.
	23A, SIGNA	TORE GA	litte	2001	3B. ADDRESS	kelan I	23c. DATE SIGNED
24		CREMA- 248. DATE	2	AC. NAME OF CEMETE	RY OR CREMA FORY 240/L	OCATION (City, to	wn, or county) (\$tate)
	SWILL S	5 7-17	1-57	Ballines	w Kat 1	Sallin	we ma
DA	TE RECEIVE		SSIGNATU	75/11.	25 JUNERAL DIRECTOR	Da / 201	Prenty W
		352 Tunt	ington	Velliacus Mit	eury wus	1000	5
	VS 150	W 4 3 3 5 }	9 5	269032	6549		
				1-0/1			



E CITY HEALTH DEPARTMENT 52 6553 BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFICAT	E OF DEAT	n	
	NAME OF DE		DLA S	SIEGMUND		2. DATE OF DEATH	" July '52
Α.	PLACE OF DE. Baltimore Ci	ty, Maryland	Baltin	we Md.	A. STATE	ENCE (Where deceased lived, I	If institution : residence before admission)
H	FULL NAME O DSPITAL OR ISTITUTION	4	OSPITA	on, give street address or location) MORE	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give township)
	ength of sta	ny in Baltimore	LIFE	Yrs. Mos. Days	P	SHERIDAN A	VE. # 12.
5.	F	COLOR OF RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last hirthday)	If Under 1 Year If Under 24 Hours fonths Days Hours Min.
wor	done during most of	UPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NA	LIAM SC	HNIB	RE	14. MOTHER'S MA	IDEN NAME	
15 (Ye	, WAS DECEASED	EVER IN U. S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	HOSPT. R	FC.	ADDRESS
	18. 153	3× 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not heart failure	OR CONDITION LEADING TO DEA' not mean the mode of e, asthenia, etc. It mean complication which of	TH of dying, e.g ons the disease		YOCARDI	718	Two WEEK
FICATION	DISEASES RISE TO TH	NTECEDENT CAUS OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	F ANY, GIVIN		2. 2	Colon:	?
CERTIFI	TRIBUTING	II GNIFICANT CONDITION TO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	D			
L	19A. DATE OF	OPERATION / 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA		NT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., i			give exact location)
Σ		Ionth) (Day) (Year		VHILE AT WORK AT WORK		INJURY OCCUR?	
		certify that I att	ended the	deceased from	28" June, 1953 rred at 6:25 m.	to 14 th July 195 , from the causes and on	2, that I last saw the
	23a. SIGNATU	M.K	Dans	M. D.	23B. ADDRESS	HOSPITAL	14 K July 52
1	AA. BURIAL, CR ON, REMOVAL (Sp SURIAL ATE RECEIVED	7-15-1	952 1	LOUDON PA	RK.	BALTO.	n, or county) (State)
11 .	UL 15 19		1- 111	liacus M.D.	H.W. JENK	NS& SONS CO. 4	705 YORK RO
	VS 150	wandam	man or straken or as the	January State of the State of t	6		



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BALTIMORE CITY HEALTH DEPARTMENT

52 6554

E	BIRTH NO. CERTIFICATE	OF DEATH	registered Ne),	
	NAME_OF_DECEASED		2. DATE		
	Type or Print) Orebaugh, Harry Cleveland		DEATH July	14. 1952	
	3. PLACE OF DEATH: 4. USUAL RESIDENCE (When		here deceased lived. If in	stitution : residence	
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admissi		before admission)	
H	OSPITAL OR location)	C. CITY OR TOWN (If cutside corporate limits, write RURAL and give			
1	U.S.P.H.S. Hespital	Bay City township)			
	Yrs.	D. STREET ADDRESS (If r	ural, give location)		
C	c. Length of stay in Baltimore 14 days Mos. Days 2300 Center Street		et		
5	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	6-2-87		nder I Year II Under 24 Hours the Days Hours Min.	
1	OA, USUAL OCCUPATION (Give Lindof) 10g. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for		2. CITIZEN OF	
WO	proposeduring most of working life, even if retired)	Virginia	eigh country)	WHAT COUNTRY	
Ť	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	0011	
	Jehn W. Orebaugh Marth		na Alice Stever		
T	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT		0.000		
(Y	(If yes, give war or dates of service) No (If yes, give war or dates of service) No (If yes, give war or dates of service) No (If yes, give war or dates of service) As above			DRESS	
	18. 191X . CAUSE C	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	1	11	ONSE! AND DEATH	
	(This does not mean the mode of dying, e.g., (A)	sur coma o +	e ++ putter	4	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	extensive meta	X 1		
	ANTECEDENT CAUSES				
Z	- and a second they			6 wks	
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			***************************************	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
RTI	OTHER SIGNIFICANT CONDITIONS CON-				
Ш	I TRIBUTING TO THE DEATH, BUT NOT RELATED				
U	, 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION			20, AUTOPSY?	
4	ν			YES X NO	
DIC	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?			we exact location)	
	CACCE OF BEATT	20 01- 11011 212	0.001100		
	1D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED FINJURY	D 21F. HOW DID INJURY	OCCUR?		
	m. WHILE AT WORK AT WORK				
	22. I hereby certify that I attended the deceased from July 1 , 1952, to July 14 , 19 52 that I last saw the				
	deceased alive on July 14, 19 52, and that death occurred at 8:50pm., from the causes and on the date stated above.				
		3B. ADDRESS		23c. DATE SIGNED	
		U.S.P.H.S. Hosp.,	Balto.Md.	7-14-52	
T	24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) (State)				
-	DATE RECEIVED BY REASTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	~	ADDRESS	
	OCAL REGISTRAR Huntington Williams, M.P.	John Buns	Long 610	York Xa	
1	VS 150	E P	Din	man 4	
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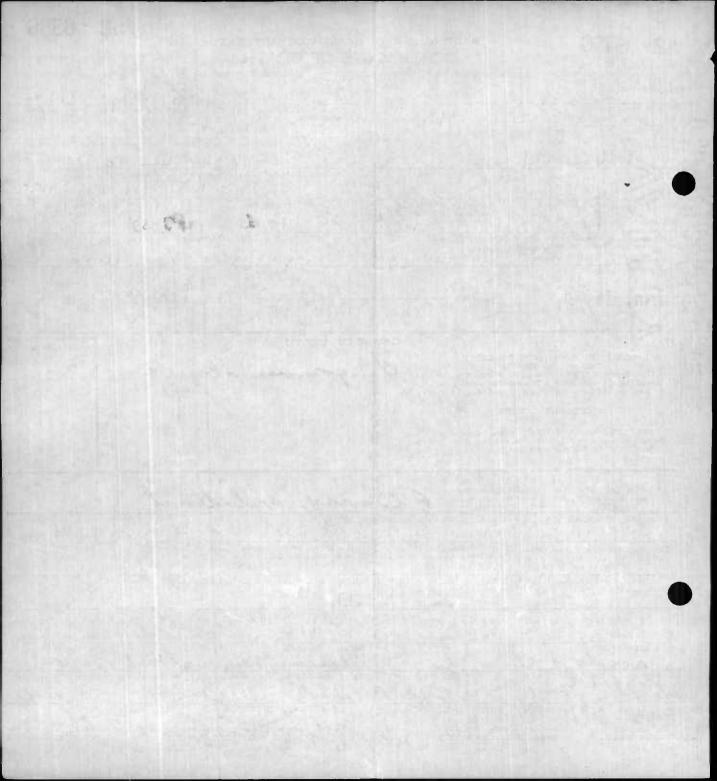
B. FULL NAME OF (If nut in bospital or institution, give street address or location) Source Control	25 0000		TIMORE CITY HE CERTIFICATI		** *	l No.
Cype or Print					10 DATE	
A Baltimore City, Maryland B. FULL NAME OF (In the heapital or institution, give street address or location) B. FULL NAME OF (In the heapital or institution, give street address or location) 3002 Baker St., Angth of stay in Baltimore S. SEX S. COLOR OR RACE 7. SINGLE, MARRIED. White Wildows Wild		Mary Grace	Paine		OF Tan	ly 13, 1952
HOSPITAL OR 3002 Baker St., CCITY OR TOWN	A. Baltimore City, Mary		ion Five street address or	A. STATE		If institution: residence before admission)
mgth of stay in Baltimore Mos. Mos	HOSPITAL OR		location)		(If outside corporate lin	nits, write RURAL and give
Ingth of stay in Baltimore Sex	3005	Baker St.		Balt:	imore	16-07 township)
Days SOUR MERCET St., 20.5 COLOR OR RACE Pemale White White White Whod Who IOA. USUAL OCCUPATION (Givehinded) HOUSEN'S FORM ST.						
D. SEX POMBLE (COLOR OR RACE OF SINGLE MARRIED. Who was a controlled to the state of the state o	ength of stay in Bal	timore		3002 B	aker St.,	
Total Service Windle Windows	5. SEX 6. COLOR		E. MARRIED.		9. AGE (in years)	If Under I Year II Under 24 Hours
WHAT COUNTS HOUSTRY HOUSE WIFE 13. FATHER'S NAME Robert Horner 15. WAS DECEASED EVER IN U.S. ABMED FORCES! (Yes, no or unknown) (If yes, give war or dates of service) 16. U.S. DECEASED EVER IN U.S. ABMED FORCES! (Yes, no or unknown) (If yes, give war or dates of service) 18. U.S. DECEASED EVER IN U.S. ABMED FORCES! (Yes, no or unknown) (If yes, give war or dates of service) 19. U.S. CAUSE OF DEATH (This does not mean the mode of dying, e.g., beart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASES OR CONDITIONS, IF AIV GIVING MIDE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS LEATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF OPERATION 19. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (s. g., in or INJURY OCCUR? 19. TIME (Month) (Day) (Year) (Hour) 21. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from WHILE INJURY OCCUR? 19. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from WHILE INJURY OCCUR? 23. SIGNATURE 24. Barrial, CREMA 248, DATE 140. AME OF CREMETERY OR CREMATE (Y) 240. LOCATION (City, town, or cydnity) (State Mathewall Control of the Contro		te Wide	owea	Nov.12,186	67 84	Months: Days Hours Mill.
HOUSEWIFE 13. FATHER'S NAME ROBERT HOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Name or walknown) (Uryen, give were or dates of errotes) 16. SOCIAL SECURITY NO. IT. INFORMANT ADDRESS HATTY G. Paine 3002 Baker St., 18. 4201 DISEASE OR CONDITION DIRECTLY (This decease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ORATH, BUT NOT RELATED TO THE ORATH BUT NOT RELATED TO THE	10A. USUAL OCCUPATION work done during most of working life, e	(Give kind of 10B, KIND			cate or foreign country)	
Annastacia 0 Loughlin 15. Was decased ever IN U. S. ARNED FORCEST (Fig. 10. SOCIAL SECURITY NO. NO. NO. 10. SECURITY NO. NO. 10. II. INFORMANT ADDRESS (Fig. 10. SOCIAL SECURITY NO. NO. 10. III. INFORMANT ADDRESS (Fig. 10. III. INFORMANT ADDRESS (Fig. 10. III. INFORMANT ADDRESS (Fig. 10. III. III. III. III. III. III. III.						
15. WAS DECEASED EVER IN U. S. ARMED FORCES) (16. SOCIAL SECURITY NO. NOT anknown) (17. INFORMANT ADDRESS SECURITY NO. NOT a	13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME	
SECURITY NO. 18. 19				Annastacia	a O'Loughlin	
18. 120: CAUSE OF DEATH INTERVAL BETWEEN THE ONSET AND DEATH Chis dees not mean the mode of dying, e.g., beart failure, antenia, of the mean the disease, injury or complication which caused death.) NOTE: The above cause (a) stating the Underlying CONDITIONS, if any, giving RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 19. THE SIGNIFICANT CONDITION SONTRIBUTING TO THE CASTH, BUT NOT RELATED TO THE CHARTH BUT NOT RELATED Should boune, farm, factory, street, office bidg, etc.) 21. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LIVING OR CONTRIBUTING) 21E. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. THOM WHILE AT WORK	15. WAS DECEASED EVER IN I	J. S. ARMED FORCES? e war or dates of service)		17. INFORMANT		ADDRESS
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21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) 21A. CRUMATION (Day) (Year) (Hour) 21B. PLACE OF INJURY (S. g., in or about bome, farm, factory, street, office bldg., etc.) 21A. DIT INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22A. I hereby certify that I attended the deceased from work with the factory of the factory o	TRIBUTING TO THE OF	T CONDITIONS CON	D	~		
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from the deceased alive on the date stated about 23A SIGNATORE 23A BARIAL, CREMA- TION, FEMOVAL (Specify) Burial 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? 197 A COUNTY OF THE DID NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23F. ADDRESS 23C. DAYE SIGNED 23C. DAYE SIGNED 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or codnty) (State Burial 71952 New Cathedral Baltimore, Md.	19A. DATE OF OPERATI	ION 198. MAJOR	FINDINGS OF OPER	RATION		
while at work Not wor	I E I III O II O II I II II		ACE OF INJURY (e. g., is carm, factory, street, office bldg.,	n or 21c. WHERE DI INJURY OCCUR		
deceased alive or the late stated about 23A SIGNATORE 23B. ADDRESS 23B. ADDRESS 23C. DAYE SIGNATORE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State Burial 71952 New Cathedral Baltimore, Md.			WHILE AT NOT WHILE		INJURY OCCUR?	
Burial 71952 New Cathedral Baltimore, Md.	deceased alive on	hat I attended the	and that death occur	rred at 19 m.,		
	24A BORIAL, CREMA- 24 TION, HEMOVAL (Specify)					
DATE DECEMED BY A DECICEDABLE CICHARTERS (OF FUNERAL DIRECTOR						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR JUL 15 1952 VS 150 VS 150 ADDRESS ADDRE	LOCAL REGISTRAR T	Tuntington V	4/11-			

Dr. John H. TRHEADS 1219 PEPIAN Gree St

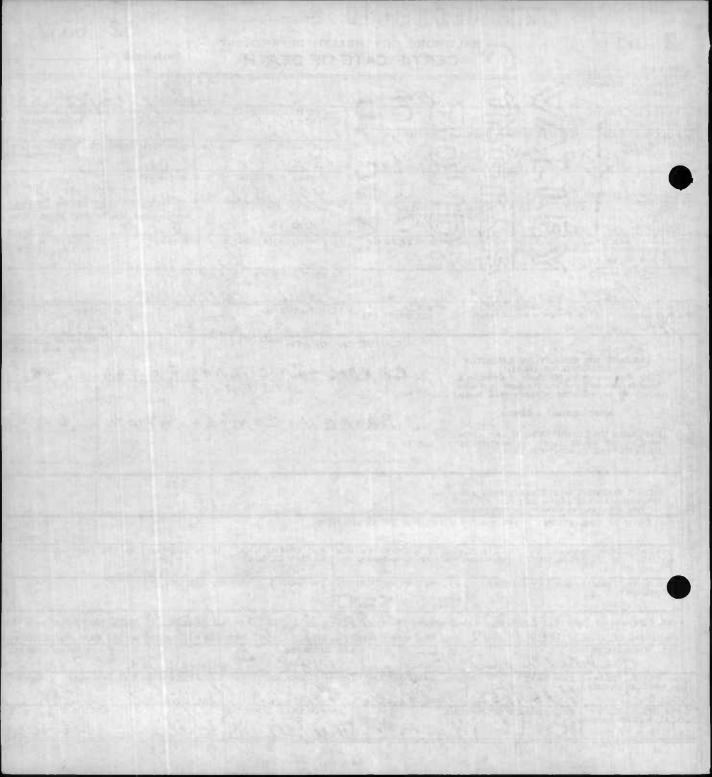
BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH July 14, 195 Harry FINK 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Union lemoria B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or laruland HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Union Daltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1111 Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under | Year | H Under 24 Hours | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Murred 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, oven I fretired)

3 hop Keepev INDUSTRY WHAT COUNTRY? Shopkeeper. New MAK N. american Gen Maria 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME man ENNIR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 561.3 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) CERT 11 OTHER SIGNIFICANT CONDITIONS CONlucisy, bilateres TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION Incisional Jules Mussive adfresions 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify, that I attended the deceased from July 1912 to_ it, 191 that I last saw the , 1952, and that death occurred at 5 13 deceased alive on July 14 Pm., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED Memorial Hes AC. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREM 24D. LOCATION (City town, or county) TION, REMOVAL (Specif DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNA

VS 150



CERTIFICATE CORRECTED 7-22-52	Other					
52 6557 BALTIMORE CITY HEALTH DEPARTMENT	6557					
BIRTH NO. CERTIFICATE OF DEATH Registered N	0					
1. NAME OF DECEASED 2. DATE	- 110 -					
(Type or Print) JOAN AGO OF DEATH ///	2/1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY 4. USUAL RESIDENCE (Where deceased lifed. If i	before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits	write RURAL and give					
INSTITUTION 2402 W. La Favette Ave. Balto. 16-	township)					
Yrs. D. STREET ADDRESS (If rural, give location)	L. 1					
c. Length of stay in Baltimore Days 290 2 W. La Cayely	e VC ,					
Male Col. Single Sure 17,1891 last birthday) Mor	ths Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) BYOP RINDUSTRY	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME						
JOHN / OZGO SA SUSIC, JOHNSON						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or paknown) (If yes, give war or dates of service) SECURITY NO.	DRESS					
18. /L/L 2 × CAUSE OF DEATH MAIN 2702 LA	IINTERVAL BETWEEN					
TISTAS OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e.g., (A) CARDIO VASCULAR RENA	6 14R:					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES (B) BROKEN COMPENSATION	6 mo'					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) SATING THE UNDERLYING CONDITION LAST						
UNDERLYING CONDITION LAST. (C)						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	ve exact location)					
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?						
TINJURY MHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from APR 21, 1952 to JULY 12, 1953	that I last saw the					
deceased alive on July 1, 1952, and that death occurred at 5 2m., from the earlies and on the	e date stated above.					
6 William Fray M.O. 1928 Penna Ch	7/15/51					
24A. BURIAL, CBEMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Out, town, removal (Specify)						
Burnoy 1/16/1962 (Charles Manaring Williams Fills.						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS 312/F					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR HULLINGTON Williams Mr. M. Satur R. Williams	ADDRESS 322/					



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No				
1. N	IAME OF DECEASED Tolds Repth	2. DATE 7. /. 12 12 12 12 12 12 12 12 12 12 12 12 12		
	LACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. F HOS	ULL NAME OF (If not in hospital or institution, give street address or spital OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give		
A	1/28 FONNA. AVO Yrs.	Balto. 17-0 2township)		
c. I	ength of stay in Baltimore Mos. Days	D. STREET ADDRESS (If rural, give location)		
5.5	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years It United I Year Months: Days Hours Min.		
10A work d	USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
13.	HODERT Cawtherne	14. MOTHER'S MAIDEN NAME CASTAN.		
15. (Yes,	WAS DECEASED EVER N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	William Fond 1128 Pox. AVA		
	CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	oricay ditis acute Interval Between onset and Death		
	ANTECEDENT CAUSES			
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
CERTIFI	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			
Ш	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	io or 21c. WHERE DID (If in Baltimore City, give exact location)		
Σ	TO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY m. WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from	me 15, 1956 to fully of 1959 that I last saw the		

deceased alive or will & 23A. SIGNATURE 23B, ADDRESS

, 19.5 2 and that death occurred at 8 pm., from the causes and on the date stated above.

136, Sto DATE RECEIVED BY DEGISTRAL LOCAL REGISTRAR

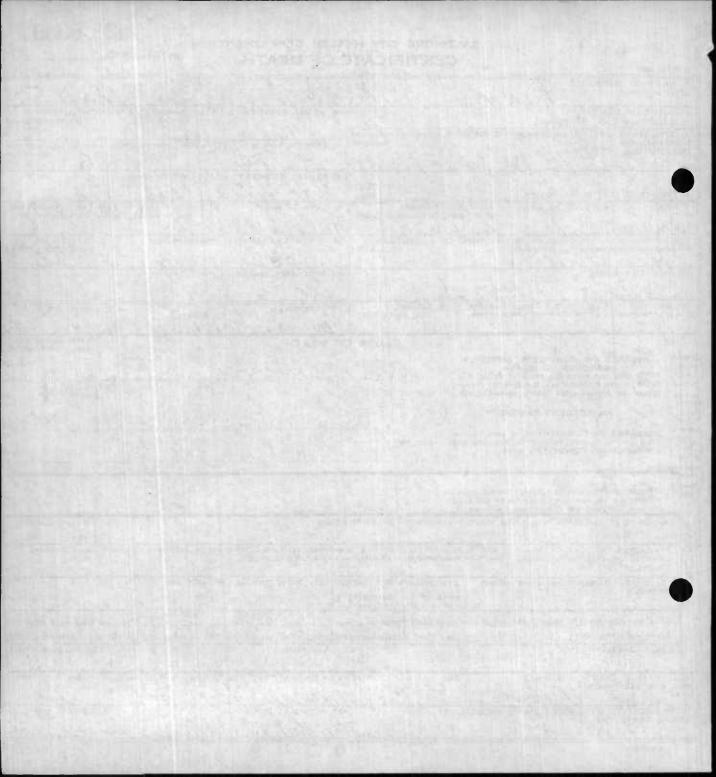
24C NAME OF CEMETERY OR CREMATORY

24D. KOCATION (City, town, or county)

REGISTRAR'S SIGNATURE

VS 150

	CERTIFICAT	E OF DEATH Registered No	
	NAME OF DECEASED	• 2. DATE 😝 /	/
(1	ype or Print) Tannie Nob	NSON DEATH //	13/1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address of DSPITAL OR		
	STITUTION 945 W. Fave to SY	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
	Yrs. Length of stay in Baltimore Mos. Days	D. STREET ADDRESS (If rural, give location)	X
	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II Un	der 1 Year If Under 24 Hours
F	Malo Col. Widowed (Specify	Aprila 1883 last, birthday) Mont	hs Days Hours Min.
1C wor	A. USUAL OCCUPATION (Give kind of stope during most of working life, even if retired) INDUSTR	M. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
	Housewife	Culpepper Va.	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	Deverly titchican	17030	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO.	17 INFORMANT ADE	DRESS 1010
	100	HOWARD MODINSON L	SCHNETTPI.
	18. 422,1 CAUSE	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 8 8 0 - 0	12 mark
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	July Menon	the state of
	Injury or complication which caused death.) DUE TO	0	1
7	ANTECEDENT CAUSES	day Moule de	7
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		¢.
ICATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FIC	(6)		****
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
iii	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
CA			YES NO
EDIC	21A. ACCIDENT WAS UNDER- LYING☐ OR CONTRIBUTING☐ about home, farm, factory, street, office bldg.	in or 2IC. WHERE DID (If in Baltimore City, giv., etc.) INJURY OCCUR?	e exact location)
2	PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT AT WORK		
	22. I hereby certify that I attended the deceased from	2. (11)	that I last saw the
	deceased alive on hely 12,19 and that death occu		
	23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
- 2	M. D. A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET.) / Gorthylog m	11510
d	IN REMOVAL (Specify)	ERY OR CREMATORY 249 LOCATION (City, town, or	county) (State)
Ze	ATE RECEIVED BY REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR	DDRESS 30 - 1-
L	DOAL REGISTRAR	Mr. Ket Rital.	1 3221
=	To the Town Williams	mul mule New williams so	weeks



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

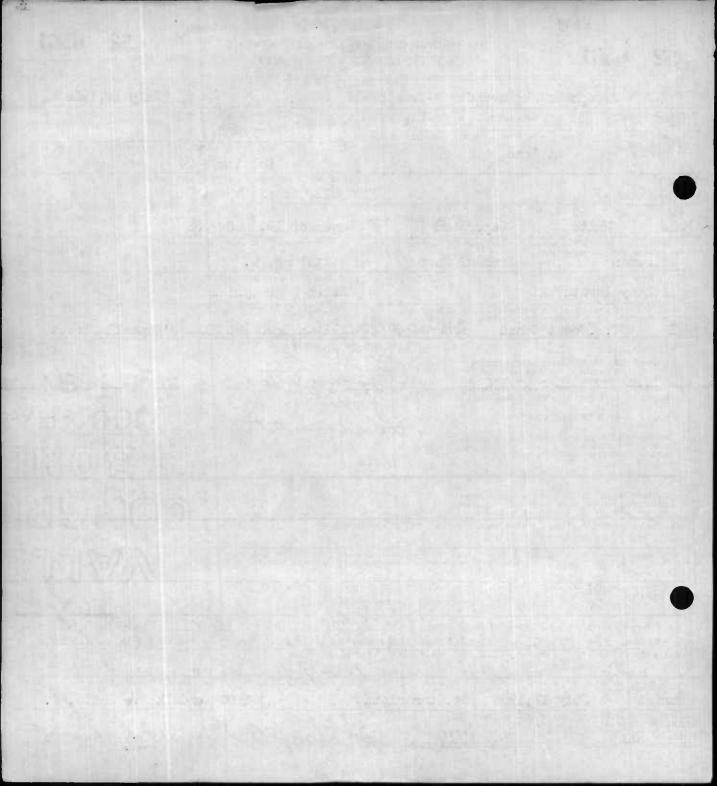
52 6560

BIRTA NO.	
1. NAME OF DECEASED Alverta Galle	0WaV 2. DATE 7/14/1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION /9/9 PONALS ALLA.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos. Days	1212 PENNA, AVE.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
Female Col. WIDOWED, DIVORCED (Specify)	Manchan 1880 last birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR work done during most of working life, eyep if retired)	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF
Mousekite	Easton Md. WHAT COUNTRY?
13. FATHER'S NAME	14. NOTHER'S MAIDEN NAME
TRANK MICHS	E/172
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or maknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT
Na	Mary Willians 2109 Fiting ST
18. 442X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1.0.1.1012
(This does not mean the mode of dving, e.g.,	tensive Chrodio varyler Kens
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO	Paserie.
ANTECEDENT CAUSES	1 1 / 7
- I	explored anteriordensis ;
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	77771-11-11-14-11-19-1-1-1-1-1-1-1-1-1-1-1-1
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CON-	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	(If in Datumore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from	195 to July 14, 195, that I last saw the
	rred at 6 1. m., from the cause's and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
1 8 Mm. h. M.D.	225 Pennsylvenic ave. 17/5/5
24A. BURIAL, GREMA- JION, REMOVAL Decify) 24B. DATE 24B. DATE	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
Survey 1/17/1989 1/11. From	1. Cem, Lomedowne 8/18.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322M
1111 15 1952 Turkington Vallagus 182	Mrs. Hate A. Wellems School in Sa
VS 150	07 3 1

1.53 3.0 52 6561

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

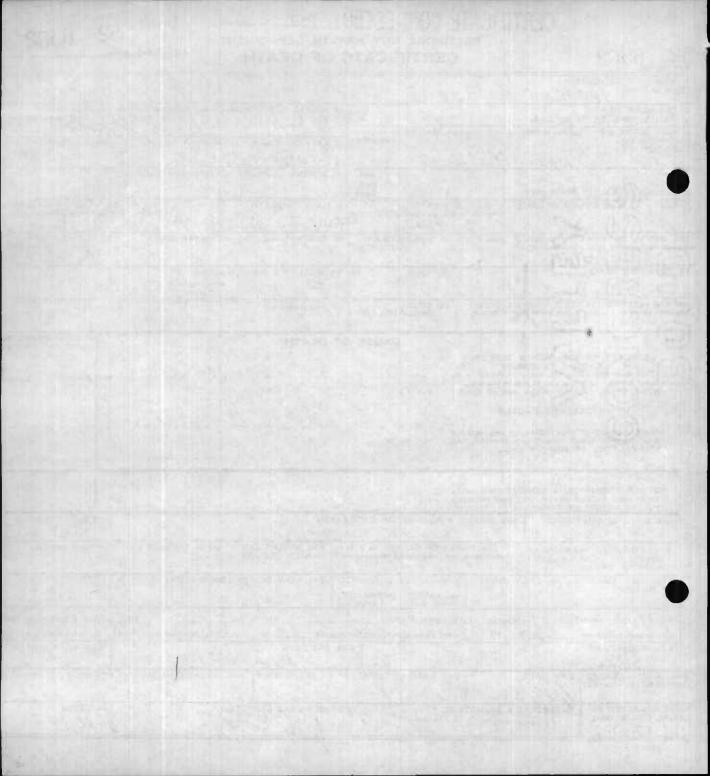
BI	RTH NO.	,,,,,,	CERTIFIC	CAIE	OF DEATH	100	Proceed T	
	NAME OF E		Lavender *-Lewat	towski		2. DATE OF DEATE		14,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 2210 Essex Street B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION At Home					4. USUAL RESIDENCE A. STATE Maryl C. CITY OR TOWN Relt	E (Where deceas B. Co Land	ed lived, If OUNTY	
C.	ength of s	etay in Baltimore		Yrs. Mos. Days	2210 Essex S	(If rural, give l	ocation)	
1	sex fale	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED Seperated	(Specify)	ovember 19,18		rthday) Mo	Under 1 Year H Under 24 Heurs nths Days Hours Min.
worl	Firema		Arundel Corp	USTRY	1. BIRTHPLACE (State Pittsburg, Pa.		ry)	12. CITIZEN OF WHAT COUNTRY
		Lewatowski	cons;	r. 1	4. MOTHER'S MAIDE Helen Augusty			/
(Ye	, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date U.S. Coast Gu	os of service) SECURITY	NO.	7. INFORMANT illian Schube	ert 3126 0		
TION	(This does heart failt Injury or DISEASE RISE TO T	SE OR CONDITION LEADING TO DEA' s not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IT THE ABOVE CAUSE (A)	DIRECTLY TH of dying, e. g., ans the disease, caused death.) SES (B) FANY, GIVING STATING THE DUE TO	Pulsam	DEATH men, tutero recurrence menutation	ulezi !	~tt	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICA	OTHER S TRIBUTING TO THE D	YING CONDITION LA	(C) ITIONS CON- NOT RELATED I CAUSING IT.					
EDICAL		DENT WAS UNDER-	19B. MAJOR FINDINGS OF			(If in Baltin	ore City, 9	YES NO C
MED	CAUSE OF	R CONTRIBUTING (DEATH (Month) (Day) (Year)	about home, farm, factory, street, off (Hour) 21E. INJURY OC WHILE AT NO	ice bldg., etc.	INJURY OCCUR?			ý
		live on 7/14	tended the deceased from	· 7/	, 10-, 00			that I last saw the cate stated above.
24 TIC	Burial	CREMA- 24B. DATE (Specify) July 17,	24C. NAME OF C		The second second	300 Dunda		or county) (State) Balto, Md.
15	TE RECEIVE		s signature	2	5. FONERAL DIRECT		705 S.	Address de
	VS 150		68	02	4			



CERTIFICATE CORRECTED 7-18-52 BALTIMORE CITY HEALTH DEPARTM CERTIFICATE OF DEATH

CUMMEU	LU	10-72	50
MORE CITY	HEALTH	DEPARTMENT	52
ERTIFICA	TE OF	DEATH	Registered No.

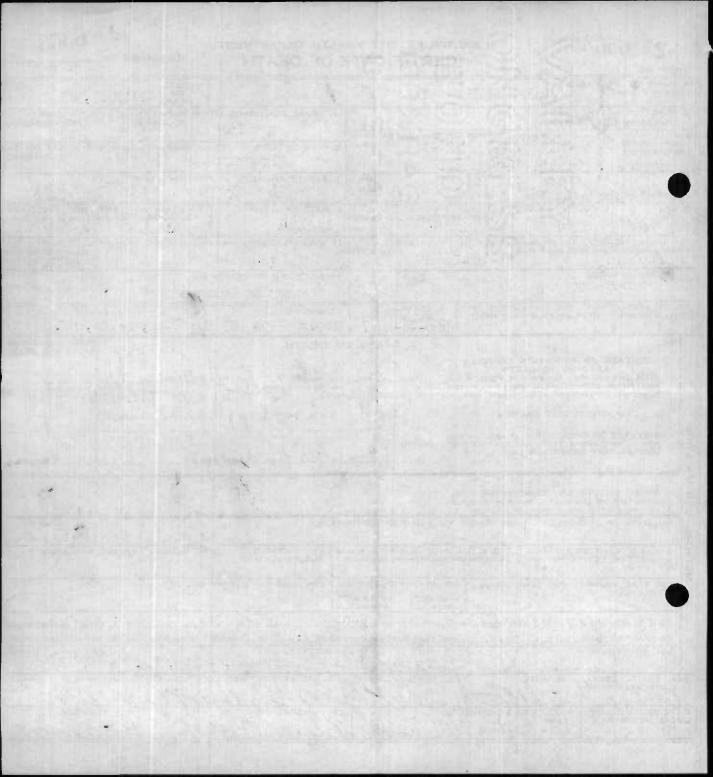
1. (T	NAME OF D ype or Print)	AR/PNE	Hug	1/25		2. DATE OF DEATH	4/5-2
	PLACE OF D Baltimore (EATH: City, Maryland	2		4. USUAL RESIDENCE (V	Where deceased lived, Y	institution: residence before admission)
H	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (II	QUEEN H	ts, write RURAL and give
IN	STITUTION	UNIV.	HOSA	0.	PRASONVILLE		township)
	ength of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	700
	SEX SEX	6. COLOR OR RACE	7. SINGLE	Days . MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under I Year II Under 24 Hours onths; Days Hours Min.
	F	W	MI	ED, DIVORCED (Specify)	Jan. 21, 1913	39	onths Days Hours Min.
	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	654
	Es	IWARD.	Fellz		FMMA 6	esta has	04/
15 (Ye	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	F	ADDRESS
ERTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DISEASE OR CONDITIONS CON- (B) DISEASE OR CONDITIONS ON- (C) DISEASE OR CONDITIONS CON- (B) DISEASE OR CONDITIONS CON- (C)						
EDICAL C	TO THE DISEASE OR CONDITION CAUSING IT.						
M	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
	22. I hereb	y certify that I att			1/ 3 ,105 2, to	7/14 , 195	Zthat I last saw the
	deceased al	live on_ 7/13	-	and that death occur		the causes and on t	the date stated above.
	23A. SIGNA	Sechal J.	700	ley M.D.	3B. ADDRESS	15%	23c. DATE SIGNED
24 TI6	N. REMOVAL (S	DREMA 24B DATE Specify)	2	Patienal Fall	Comotory Fa	Les Church	n, or country (State)
	ATE RECEIVE		S SIGNATU	Proliams, My	25. FUNERAY DIRECTOR	9 01	ADDRESS N. NO
1	VS 150	5%	-) 5 2 12	cayas r. A.a.	re rue	a race,
	V3 130	10.	1				md



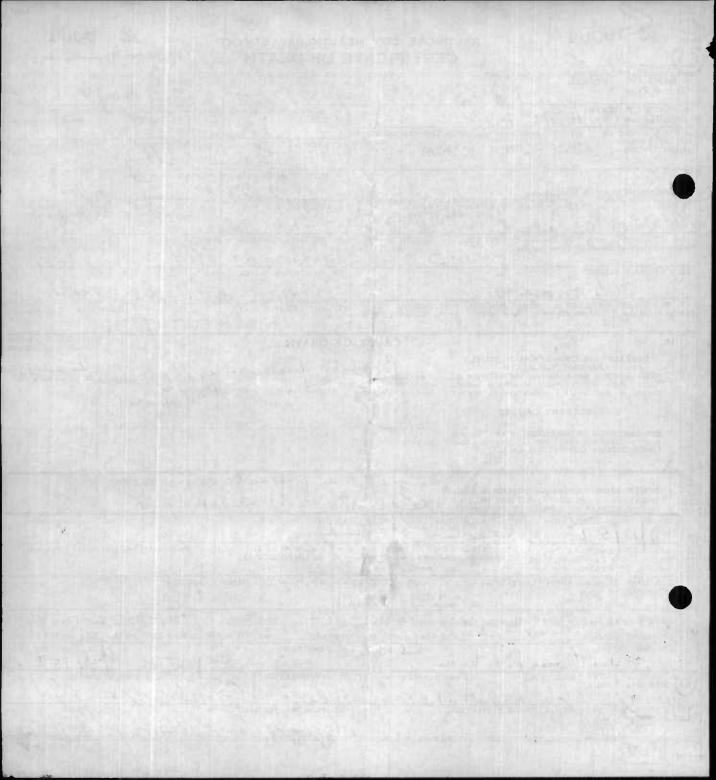
BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.			CERTIFICATI	E OF DEATH	2003.5002.00	
	NAME OF D ype or Print)	JOSEPH JOSEPH	I JOHN (CASEY		2. DATE OF July DEATH	12, 1952
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (W	B COLINTY	f institution : residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	New York		29
IN			MONTHA		c. CITY OR TOWN (If Brooklyn		its, write RURAL and give township)
7	William P	K. ILIVE & 31	st stre	Yrs.	D. STREET ADDRESS (If		
Ġ.		tay in Baltimore	2	Mos. Days	4 Kiely	Place	
5.	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. ZED, DIVORCED (Specify)	1/27/01	9. AGE (In years last birthday) M	if Under I Year If Under 24 Hours Onths Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
-	Captai		Seat	farer	New York		USA
13	John				14. MOTHER'S MAIDEN NA		./
3 =		ED EVER IN U. S. ARMED	FORCECA	1.10.000111	Catherine Hol	anan	
(Ye	s, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US PHS		ADDRESS
	18. //. /	V		554-26-4097		nosituat, pa	INTERVAL BETWEEN
	101	SE OR CONDITION	DIPECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEAT	TH	· · · · · · · ·	in man of Coin	atter wit	
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease	е.	73104 LJ 4 0		***************************************
		ANTECEDENT CAUS		Corns	and left and	الماركر الماركين	
				97,			
OF	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO		,	
CA	ONDERE	TING CONDITION LA	51.	(0)	ncho pn cuma	.ha. f. G.	Lu Known,
RTIFICATION		II .					
[II]	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	D			
Ü		DF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		7					YES X NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in larm, factory, street, office bldg., e		f in Baltimore City,	give exact location)
Σ	10. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
L	MOOK		m.	WHILE AT HOT WHILE			
	22. I hercb	y certify that I att	ended the	account from	ne 2 , 19 52 to J		2, that I last saw the
	deceased alive on July 1219 52 and that death occurred at 9:10Pm., from the causes and on the date stated above.						
	23A. SIGNA	JORE)	4.4		3B. ADDRESS US PHS Hospital,	Balto, Md.	7/14/52
2. TI	A. BURIAL, ON REMOVAL (S	CREMA 248. DATE	1 V	4c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town	n, or county) (State)
_	Suna	1 //10	132	Brooker	in my Br	orklyn	ny
	TE RECEIVE	RAR H	SIGNATU	IRE	25. FUNERAL DIRECTOR	111	ADDRESS
=		1952 Thurling	you !	Macus, My	promount of	offmen 16.	39 Durny
	VS 150	6	1	240-6			
				. 02			



2.00		your	1 /	
52 6564.	ALTIMODE CITY U	EALTH DEPARTMENT	. 52	6564
			Registered No	
BIRTH NO. I M NES	CERTIFICAT	E OF DEATH	^	
1. NAME OF DECEASED (Type or Print)	1 /2	Λ	2. DATE	
0 0 1 0 0	they or	7 Lews	DEATH July	19,1902
3. PLACE OF DEATH:	5/ 48	4. USUAL RESIDENCE	Where deceased lived, If in	stitution: residence before admission)
	itution, give street address or		e. Dr	of to Day Tome
HOSPITAL OR JOHNS HOPKINS	location)	c. CITY OR TOWN	If outside corporate limits,	
	103111AL	10 ac	wordge	township)
	Yrs. Mos.	D. STREET ADDRESS ()	f rural, give location	Pal
ength of stay in Baltimore	Days	233	Tue	se-
	GLE, MARRIED.	8. DATE OF BIRTH		der I Year It Under 24 Hours hs: Days Hours Min.
nace Toolored	Whild	7-10.5	2	4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 1:	2. CITIZEN OF WHAT POUNTRY
	one	Cambridge	Md	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME /	7 , 1
- Onknowin		Menly	n Jews L	4mbridge
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS WI
	SECONITI NO.	JOHKIS H	IOPKINS HOSPITAL	7.10
18. 756.2	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY R.	1 1		ONSE! AND DEATH
(This does not mean the mode of dying,	e. g., (A)	the fuerwar	<u> </u>	4 days
heart failure, asthenia, etc. It means the di injury or complication which caused do		. Vacheo -oes	ofhogeal,	
ANTECEDENT CAUSES			festula	
Z DISEASES OF CONDITIONS OF THE	(B)		***************************************	
DISEASES OR CONDITIONS, IF ANY, G				
UNDERLYING CONDITION LAST.	(C)		**************************************	
	la au t	Our lastace to		
C OTHER SIGNIFICANT CONDITIONS		o surpopular	aud and	
TRIBUTING TO THE DEATH, BUT NOT REL	G IT. Toug te	to wettra	Jatula	
19A. DATE OF OPERATION 198. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21B.	stual ovaco	recon		YES ND
21A. ACCIDENT WAS UNDER. 21B. LYING OR CONTRIBUTING about he	PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg.,	in or 21C. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
CAUSE OF DEATH	-			
21D. TIME (Month) (Day) (Year) (Hour) F INJURY	21E. INJURY OCCURR		RY OCCUR?	
n	WHILE AT WORK AT WORK			
22. I hereby certify that I attended		-1/- 1957to		that I last saw the
	and that death occur		the causes and on the	
23A. SIGNATURE	The same of the sa	238. ADDRESS	UC HOSDITAL	23C DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	M. D.	JOHNS HOPKII	LOCATION (City, town, V	county) , (State)
TION REMOVAL (Specify)	W4 -1 /2	Personata a Co	Janly do	NI
DATE RECEIVED BY REGISTRAR'S SIGN.	ATURE X	25. FUNERAL DIRECTOR	6	DDMESS
LOCAL REGISTRAR	Win	HocholxM	40/201	(amhod-
	THE STATE OF THE S	L'EL WELL	M. Clair, Dr.	- Tribilipe
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Med



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6565
Registered No.

	RIH NO.						
1. (T	NAME OF D		ZISIM E ZESSI	OPOULOS also k	nown as	2. DATE OF DEATH	uly 14. 1952
A.		city, Maryland			4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	
B. HO IN	SPITAL OR ISTITUTION	or (If not in hospit US Public He Hosp k. Drive & 3	alor institut alth Se ital	ion, give street address or rvice location)	Maryland c. CITY OR TOWN (Riveria	If outside corporate lin	nits, write RURAL and give township)
_	avnan r	K. Drive & 3	1st Str				
	The second secon	tay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (I Carvel F		5200
	SEX F	6. COLOR OR RACE	WIDOW		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
#orl	A. USUAL OCC done during most o Housew	CUPATION (Give kind of f working life, even if retired) ife	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Greece	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME	
1.5		Demetrupalu			?		
(Ye	s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Records - US PHS	Hospital, H	ADDRESS Balto, Md.
	(This does	E OR CONDITION LEADING TO DEAT not mean the mode of	TH f dying, e. s	Myocai	OF DEATH rdial infarction		INTERVAL BETWEEN ONSET AND DEATH
	heart failui	re, asthenia, etc. It mea complication which c	ns the diseas	e,			5 days
		ANTECEDENT CAUS	ES	Corona	ary occlusion, ar	teriosclero	tic Approx.
RTIFICATION	RISE TO TH	OR CONDITIONS, IN HE ABOVE CAUSE (A) TING CONDITION LA	STATING TH	(8)			1 yr.
CERTIF	TRIBUTING	I] IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
AL	19A. DATE O	F OPERATION I	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City	y, give exact location)
Í	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK						
н	22. I hereby	u certifu that I att	ended the	deceased from Ju	ly 11 , 19 52to	July 14 19	52 that I last saw the
15					red at 11:45 m., from		
	J.A. HU	URE /. U.	1/200	100 2	38. ADDRESS US PHS Hospital,		23c. DATE SIGNED
	A. BURIAL, C	REMA- 248. DATE			RY OR CREMATORY 240.		vn, or county) (State)
	Burial	7-17-		Mt Olivet	25. FUNERAL DIRECTOR	ens. T. T.	Now Vanla
	ATE RECEIVED CAL REGISTI	BY REGISTRAR'	SSIGNATU	RE	25. FUNERAL DIRECTOR Howard H. Hubb		
	VC 150		17		, 0 3 4 4		

BALTIMORE CITY HEALTH DEPARTMENT

52 6566

6566 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EMMA C. H. RIVERS July 13, 1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bong Green Nursing Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location) ength of stay in Baltimore 3010 Guilford Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In years | if Under 1 Year | if Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 5. white 1871 female widowed 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? News Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bentz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Lgt. &abbrossod Sts. 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mr. J. Theodore Johnson-1st National Bnk INTERVAL BETWEEN 2010 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. shout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 22. I hereby certify that I Atended the deceased from 15 4 pr 132 2that I last saw the deceased alive on 12 July , 195 7, and that death occurred 3 3 Pm., from the causes and on the date stated above. 23c. DATE SAGNED 23A SIGNATURE 23B. ADDRESS TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 7/16/52 Lorraine Park Cem. Woodlawn, Md. 25 FUNERAL DIRECTOR DATE RECEIVED BY BESTRAR'S SIGNA ADDRESS LOCAL REGISTRAR

626	
	E OF DEATH E OF DEATH Registered No
I. NAME OF DECEASED (Type or Print) DESSIE AUGUSTA BRASHE 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION WIND MEMORIAL HOSPITAL YES. Pengla of stay in Baltimore 5. SEX 6. COLOR OR RACE FORMAL WHITE 10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) TOB. KIND OF BUSINESS OR INDUSTRY at home 13. FATHER'S NAME	2. DATE OF DEATH JULY 14 1952 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY Defore admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 3901 Cottage Ave. 8. DATE OF BIRTH 9. AGE (In years is birthday) Months: Days Hours Min. MARCH 31,1881 7 11. BIRTHPLACE (State or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	REBECCA GINGELL 17. INFORMANT ADDRESS HUS BAND 3904 COTTAGE AUE. BALTO,
	of DEATH ral vascula hemorray fections

21A. ACCIDENT WAS UNDER.

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

195240

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE

WORK AT WORK

22. I hereby certify that I attended the deceased from

and that death occurred at 3:40 P.m., from the causes and on the date stated above. 19-57 23A. SIGNATURE 23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

24A. BUHAL, CREMA-TION, REMOVAL (Specify) Burial Ivy Hill Cem.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

Laure 4, Md. 25 FUNERAL DIRECTOR

ADDRESS

1957 that I last saw the

23C. MATE SIGNED

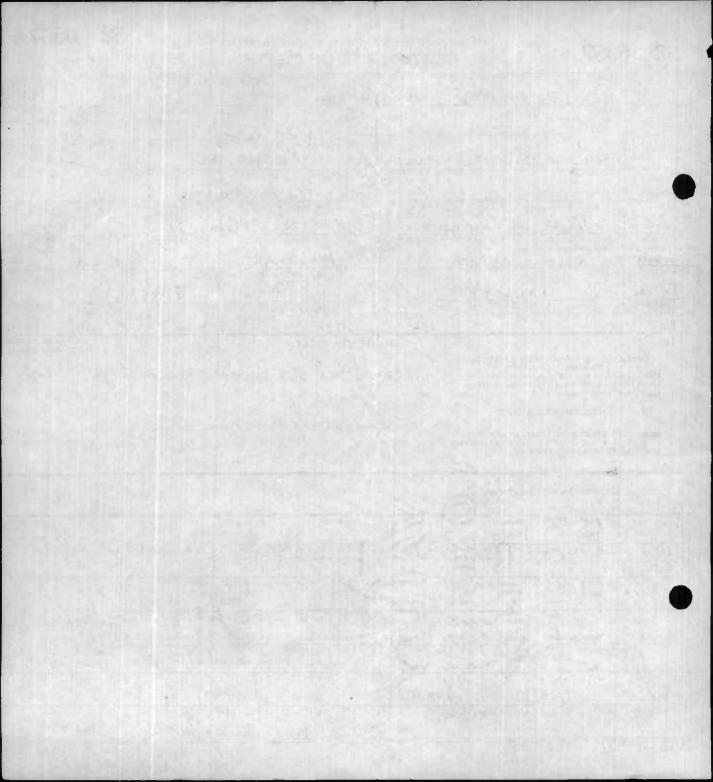
20. AUTOPSY

deceased alive on

MEDICAL

(If in Baltimore City, give exact location)

24D. LOCATION (City, town, or county)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6568

BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH July 14, 1952 ADA M. DEVERELL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hosp. Towson Yrs. D. STREET ADDRESS (If rural, give location) Mos 626 Charles St. Ave. ength of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MATTIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. Il Under 24 Hours Female white 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
housewife INDUSTRY WHAT COUNTRY? Illinois at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Steine Herman Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS none SECURITY NO (Yes, no or unknown) (If yes, give war or dates of service) Mr. Frank A. Deverell-626 Charles St. Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ON APPROVED BY UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-CRIEF OR ASST. MEDICAL EXAMINER. TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or about home, faren, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCURT LYING OR CONTRIBUTING 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT une 19, 1952. AT WORK 22. I here of certify that I attended the deceased from_ 1952, to_ 195 that I last saw the 1951 and that death occurred at 615 P _m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 0000 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Woodlawn. Burial Lorraine Maus 28 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

LICOTHERN TONG, on hong I medically and the andrew A PILE RANGE OF THE STATE OF TH Introducted who resided a Description Si to me all

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

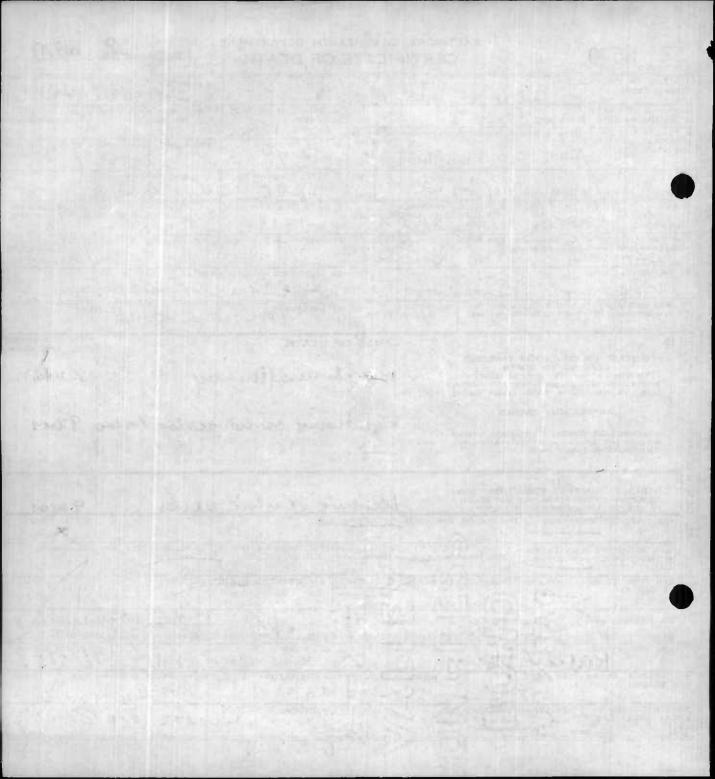
- 51	KIII KO.						
	NAME OF Dype or Print)		ARL	METZGER		2. DATE OF DEATH Jul	y 15. 1952
	PLACE OF D	DEATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. If i	
В.	FULL NAME		al or institut	ion, give street address or	Maryland		
	SPITAL OR			location)	c. CITY OR TOWN	(If outside corporate limits	, write RURAL and give township)
		2042 Eu	taw Pla		Baltimore		00
				Yrs. Mos.	o. STREET ADDRESS		
		stay in Baltimore		Days	2042 Euta		
~	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) If last birthday) Mon	Under 1 Year If Under 24 Hours nths: Days Hours: Min.
-	ale	white	marri		March 29, 1873	79	9 9
WOI!	A. USUAL OG done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Mechan			inists	Hungary		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	60 as	Metzger			Unknown		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS
	no			SECONTI NO.	Mrs. Anna Meta	ger - 2012 Eut	aw Place
	18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH		osclerotic card	iovasovier	
	heart fail	ure, asthenia, etc. It mes	ans the diseas	se, 32		rele-Norte Ve field e bred sleate karlandar Girada	*******
	injury of			ii.) Soriato caroco			
		ANTECEDENT CAUS	SES				
Z		DISEASES OR CONDITIONS. IF ANY, GIVING					
F		THE ABOVE CAUSE (A)		HE DUE TO			
CA				(C)			•••••
RTIFICATION	OTHER	II COND	TIONS OF				
RT	TRIBUTIN	SIGNIFICANT COND	NOT RELAT	EO			
CE	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
	ISA. DAIL	or or ERATION .	35. mason				YES NO V
EDICAL	21A. EXTER	NAL CAUSE WAS		ACE OF INJURY (e. g., it	or 21c. WHERE DID	(If in Baltimore City, g	
ä		NG OR CONTRIB- CAUSE OF DEATH.		farm, factory, street, office bldg., e	(c.) INJURY OCCUR?		
ME	210. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRE	D 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY		772	WHILE AT NOT WHILE			
	22. 1 cort	ify that I took shar	ene of the		bove, held an inspe	ction & inquim	tt thoron and tion
					Autops	y, Inspection or Inquiry	
	the er	ndence obtained by	said Auto	opsy, Inspection or I	nquiry, find that said X, accident , suicident	deceased died on the	e day stated above,
	23A. 94GNA		16	1 Onto		L EXAMINER	
	K	Couley/y	De	ulacher	D. MEDICAL INVESTIG	L EXAMINER	ily 15, 1952
7	A. BURTAL.	CREMA- 247. DATE		24c. NAME OF CEMETER	RY OR CREMATORY 240	LOCATION (City, town,	or county) (State)
	Burial	7/17/52		Lorraine Park	Cem. Wo	-bMA-mus fbo	n
D.	ATE RECEIVE	D BY REGISTRAR	S SIGNATI		25 FUNERAL DIRECTO	3. 7.	ADDRESS
	IIII 1 6	1952 +	aton 1	Villians AND	Wm. 79V	welenery)	sho l
V	S 151	1112	7	137	/	13.00	17 CMIN
			100			144141/14	I I LULA

Vim J. Telener V inco

52 6570

CERTIFICATE OF DEATH Registered No. 6570

BIK	TH NO.						
1. N (Typ	AME OF DECEASED oe or Print)	Timom		2. DATE OF	CA 14-1952		
	LACE OF DEATH: Saltimore City, Maryland	2	4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: residence before admission)		
HOS	ULL NAME OF (If not in hospital or institu	loeation)		outside eorporate limit	s, write RURAL and give		
-3	JOHNS HOPKINS H		Baltimore	12-1	township)		
	ength of stay in Baltimore /	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	ANR.		
5.5			8. DATE OF BIRTH	9. Add (In years last birthday) Mo	Under I Year If Under 24 Hours nths Days Hours Min.		
IOA. work de	USUAL OCCUPATION (Give kind of lobe, KIN) obduring most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY		
13.	FATHER'S NAME	11	14. MOTHER'S MAIDEN N.	AME	-1		
15. (Yes, 1	WAS DECEASED EVER ON U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service)	16. SOCIAL. SECURITY NO.	17. INFORMANT HOP	PKINS HOSPITAL	DDRESS		
1	8. 1414 3 X	CAUSE	OF DEATH	710311772	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		or beath		ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
	ANTECEDENT CAUSES	m.) OUE 10					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) MY TOTULUS Cardiovaculos Meso						
CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)						
RTIFI	l i						
ER	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	to La o	mio gastic	elses	94101		
AL.		R FINDINGS OF OPER	RATION		20. AUTOPSY?		
EDIC		ACE OF INJURY (e. g., i	n or 21c. WHERE DID (I	f in Baltimore City, g			
≥			moon. cocon.				
	LYING OR CONTRIBUTING CAUSE OF DEATH 2ID TIME (Month) (Day) (Year) (Hour) F INJURY	21E. INJURY OCCURR		COCCUR?			
	CAUSE OF DEATH PLOT TIME (Month) (Day) (Year) (Hour) PF INJURY m.	WHILE AT NOT WHILE WORK					
	CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) PF INJURY m. 22. I hereby certify that I attended the	while at Not while work at work deceased from 7	ED 21F. HOW DID INJURY	7-14 , 195	that I last saw the		
0	CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) PF INJURY m. 22. I hereby certify that I attended the	while at work deceased from 7 and that death occur	21f. HOW DID INJURY 21f. HOW DID INJURY 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7-14, 19 53 he causes and on th	that I last saw the date stated above.		
2	CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) PF INJURY m. 22. I hereby certify that I attended the deceased alive on 7 14, 1953, 23A. SIGNATURE	while at work deceased from 7 and that death occur	21f. HOW DID INJURY 21f. HOW DID INJURY 1953to 1953to 1964 at 5.10 m., from t. 138. ADDRESS JOHNS HOPKIN	7-14, 19 53 he causes and on th	ne date stated above. 23c/DATE SIGNED 7/15/5/5/		
24A TION	CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) PF INJURY m. 22. I hereby certify that I attended the deceased alive on 7-14, 1952. 23A. SIGNATURE BURIAL. CREMA- , KEMOVAL (Spacify) 7 19 5 2	while AT NOT WHILE AT WORK of deceased from and that death occurs. M. D. 24C. NAME OF CEMETE	21f. HOW DID INJURY -5 1953to rred at b. 10 fm., from t. 23B. ADDRESS JOHNS HOPKIN RY OR CREMATORY 240	7-14, 1953 he causes and on the Shospital	ne date stated above. 23c/DATE SIGNED 7/15/5/5/		
24A TION	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY m. 22. I hereby certify that I attended the deceased alive on T 1, 1958, 23A. SIGNATURE BURIAL, CREMA- 24B. BATE XEMOVAL (Specify) TE RECEIVED BY REGISTRAR'S SIGNAT	while AT NOT WHILE AT WORK of deceased from and that death occurs which will be a second to the seco	21f. HOW DID INJURY 21f. HOW DID INJURY 1953to 1953to 1964 at 5.10 m., from t. 138. ADDRESS JOHNS HOPKIN	7-14, 1952 he causes and on the S HOSPITAL OCATION (City, town,	ne date stated above. 23c/DATE SIGNED 7/15/5/5/		



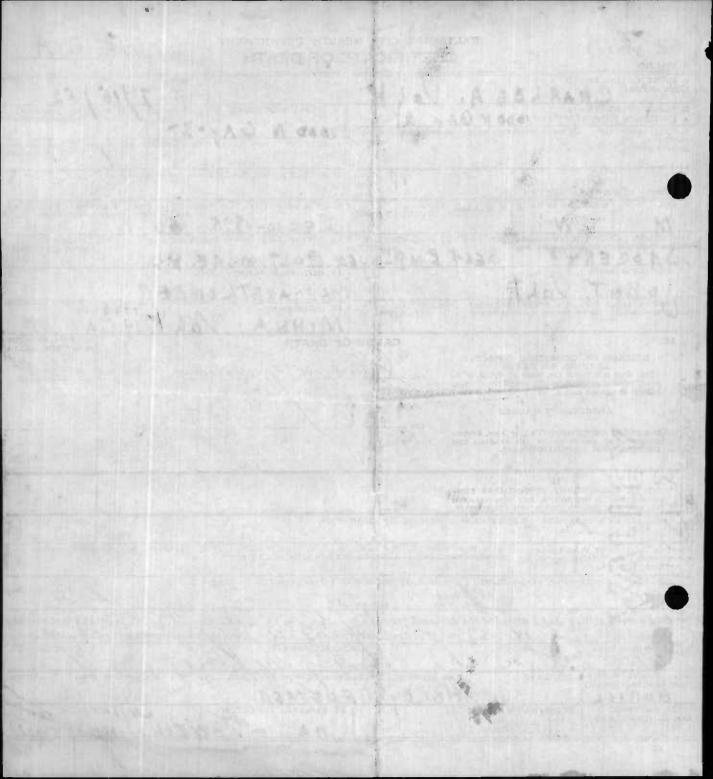
FUNERAL DIRECTOR

LOCAL RECIETS 57 VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNAT

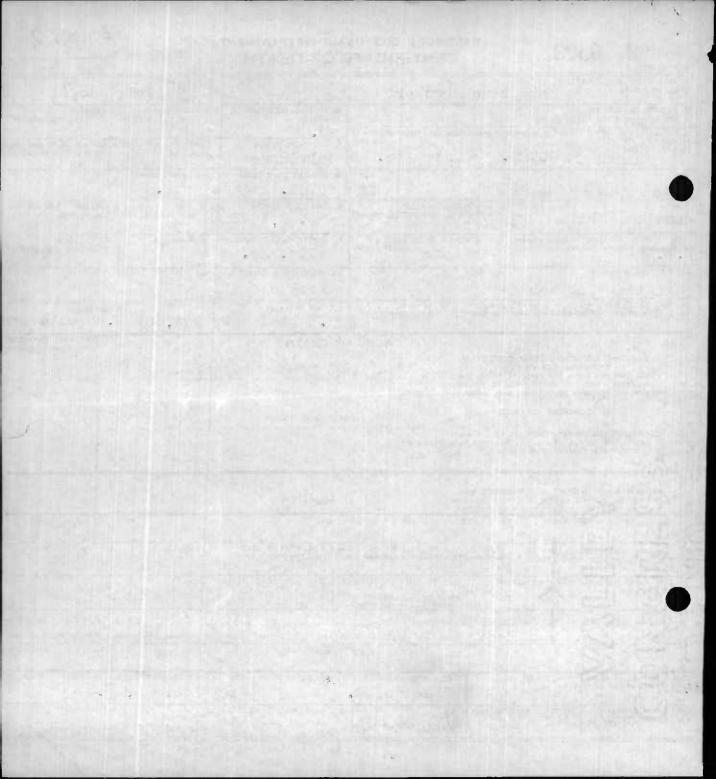
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6572

BIRTH N	Ю.						
1. NAME OF DECEASED (Type or Print) Catherine Deckert					2. DATE OF DEATH JUI	y 13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 407 S. Augusta Ave.				4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)			
engt	h of stay in Baltimore	Life	Yrs. Mos. Days	o. street address (If			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW				Aug. 8,1872		If Under 1 Year Munder 24 Hours Min.	
10A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR work dose during most of working life, even if retired) Own Home				11. BIRTHPLACE (State or foreign country) Balto. Md. 12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME Christian Schwaab				14. MOTHER'S MAIDEN NAME Louise Wentz			
15. WAS I	DECEASED EVER IN U.S. ARME nknown) (If yes, give war or date	D FORCES?	SECURITY NO.	17. INFORMANT Irs.Muriel Harr	ison,407	ADDRESS S.Augusta Ave	
VOILLY OT	DISEASE OR CONDITION LEADING TO DEA nis does not mean the mode out failure, asthenia, etc. It mea ury or complication which ANTECEDENT CAUS SEASES OR CONDITIONS, IE TO THE ABOVE CAUSE (A) IDERLYING CONDITION LA HER SIGNIFICANT COND IBUTING TO THE DEATH, BUT	(A) DUE TO (B) DUE TO (C)	enino y	Colon	INTERVAL BETWEEN ONSET AND DEATH		
U 19A. E	TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
LYIN	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK						
deced	22. I hereby certify that I attended the deceased from 195, to 1, 195, that I last saw to deceased alive on 1, 195, and that death occurred at 1, 236. ADDRESS 236. DATE SIGNE						
	CYAL (Specify) July		Loudon, Pk.		timore,	n, or county) (State)	
	REGISTRAR Huntun	gton Wil	liaus, MZ	arry To lui	The 4101.	Address Edmondson Ave	
VS	150	17 0 0	6 4 7 1	6 2 6 7	//		



BIRTH N52 6573	BALTIMORE CITY HE CERTIFICATE		52 Registered No.	6573
1. NAME OF DECEASED (Type or Print) Dr. Ch	ester J. Lubinsl	ki	2. DATE OF DEATH JULY	14/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or	institution, give street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If insti B. COUNTY	itution: residence before admission)
HOSPITAL OF INSTITUTION 4602 Cedar G	location)		outside corporate limits, wr	rite RURAL and give township)
ength of stay in Baltimore	Life Yrs. Mos. Days	o. street address (If 4602 Cedar (
Mola White	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) MARTI CO	B. DATE OF BIRTH	9. AGE (In years last birthday) Months	
10A. USUAL OCCUPATION (Givekind of work the during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or for Baltimore, Md.		CITIZEN OF WHAT COUNTRY?
Stanislaus Lubinsk	i	Sophia Leher		
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no or unknown) (If yes, give war or dates of se	ervice) SECURITY NO.	17. INFORMANT Ruby J. Lubinsk	i,4602 Cedar	
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	ring, e. g., he disease, ad death.) DUE TO	Leat Prot	rat_	INTERVAL BETWEEN DNSET AND DEATH
RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.			APPROVED BY	

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

CERTIFI

EDICAL

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE

WORK 22. I hereby certify that Lattended the deceased from

14, 1913, and that death occurred at deceased glive on. 23A. SIGNATU

24A. BURIAL, CHEN TION, REMOVAL (Special CHENA-24B, DATE July 17 Burial

Most Holy Redeemer

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

Bal timores

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

1952 to

24D. LOCATION (City, town, or county)

WEDICAL EXAMINER

ADDRESS

VS 150

DATE RECEIVED BY

(If in Baltimore City, give exact location)

20. AUTOPSY YES

19 that I last saw the

m., from the causes and on the date stated above.

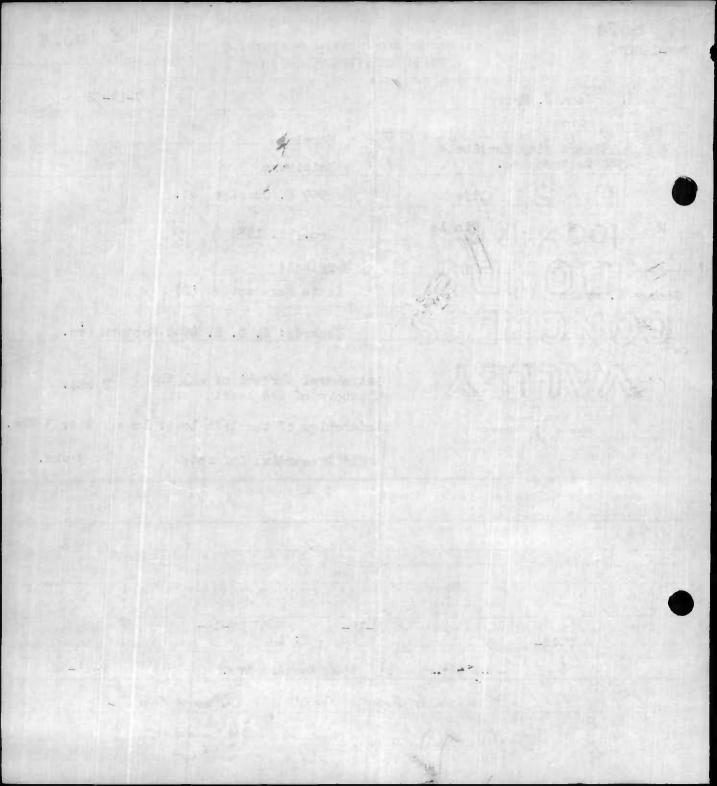
23C. DATE SIGNED

Edmondson

- to be approved by D. Fisher-Weshine Examines. Desta zo Maybe

52 6574

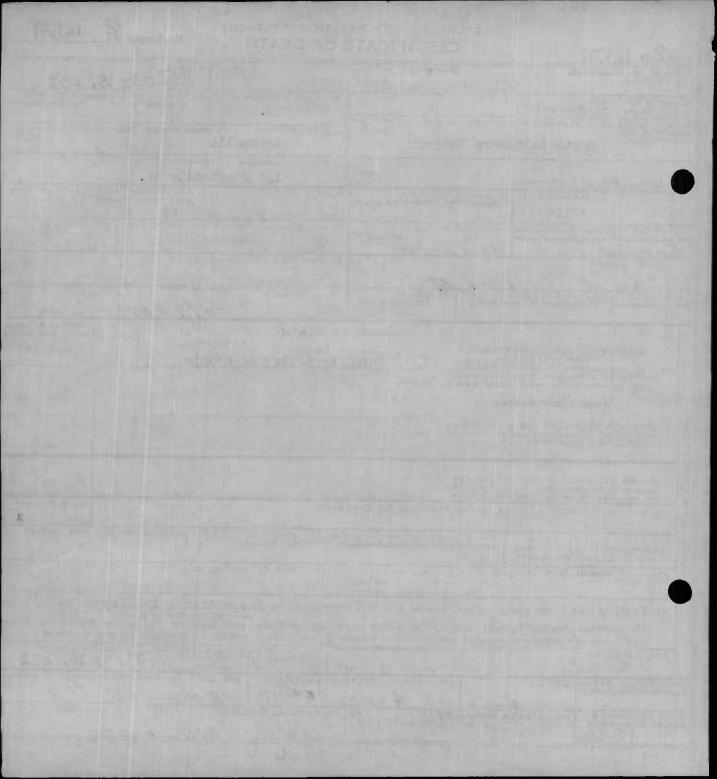
VMC-160276		EALTH DEPARTMENT E OF DEATH R	egistered No	
1. NAME OF DECEASED (Type or Print) John H. Mye	rs	2. DA Off DEA	7-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where dece		
B. FULL NAME OF (If not in hospital HOSPITAL Saltimore City HINSTITUTION AND ADDRESS OF THE PROPERTY OF THE PR	location)	or Maryland		
ength of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If rural, giv		
X Y	OB. KIND OF BUSINESS OR	Dec. 21. 1882 69	(in years ft Under 1 Year ft Under 24 Hours Min Hours Min v 12. CITIZEN OF	
MINIER	Jeff. INDUSTRY	Maryland	WHAT COUNTRY	
George A. Myers (D)	const.	Annie Personette (D)		
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no or unknowo) (If yes, give war or detes of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
18. 420.1		Records: B. C. H. 494	O Eastern Ave.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITION	(B) INTE	rction of the left low	er lebe 2 or 3 Wks	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE OISEASE OR CONDITION C	T RELATED			
, 19A. DATE OF OPERATION 19B	. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e	o or 21c. WHERE DID (If in Balt	more City, give exact location)	
210. TIME (Month) (Day) (Year) (H	m. WHILE AT NOT WHILE			
22. I hereby certify that I attendeceased alive on 7-14-	aded the deceased from 6-19	7. 1952, to 7-14- rcd at 2: A m., from the cause	, 1952, that I last saw th	
23A. SIGNATURE	/ / 100	3B. ADDRESS 1940 Eastern Ave.	23c. DATE SIGNED 7-14-52	
24A. BURIAL, CREMA- TION, REMOVE Specify)	24c. NAME OF CEMETE	11.	(City, town, or county) (State)	
DATE RÉCEIVED BY REGISTRAR'S LOCAL REGISTRAR TURLE	ston Williams Mar	25 FUNERAL FIREGISTR	ADDRESS	
VS 150	56424	130 E. For	As.	



VS 150

medical Examiner Motified @ 81.7772

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE MOTAIS I. NAME OF DECEASED OF (Type or Print) DEATH July 15, WILLIAM / FELDMEYER 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: before admission) B. COUNTY A. STATE A. Baltimore City, Maryland Md. (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give C. CITY OR TOWN HOSPITAL OR INSTITUTION South Baltimore General Annapolis D. STREET ADDRESS (If rural, give location) Yrs. Mos. 116 Monticello St. Days ength of stay in Baltimore 9. AGE (In years If Under 1 Year It Under 24 Hours last birthday) Months: Days Hours Min. If Under 1 Year B. DATE OF BIRTH 7. SINCLE. MARRIED. 6. COLOR OR RACE WIDOWED, DIVERCED (Specify) Male 66 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) U5 A Bld + Ground POPE WAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Willam 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. CAUSE OF DEATH 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary Artery Sclerosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 16, 195 23A, SIGNATURE July 16, 1952 24C. NAME OF CEMETERY OR CREMATORY Z4A. BURIAL CREWA-248. DATE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAB V S 151

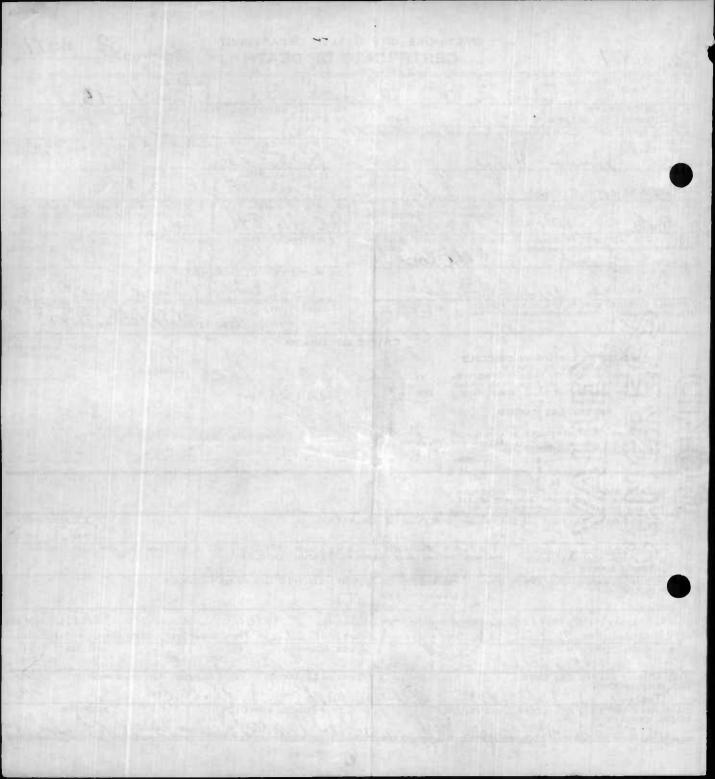


52-1 6577

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6577

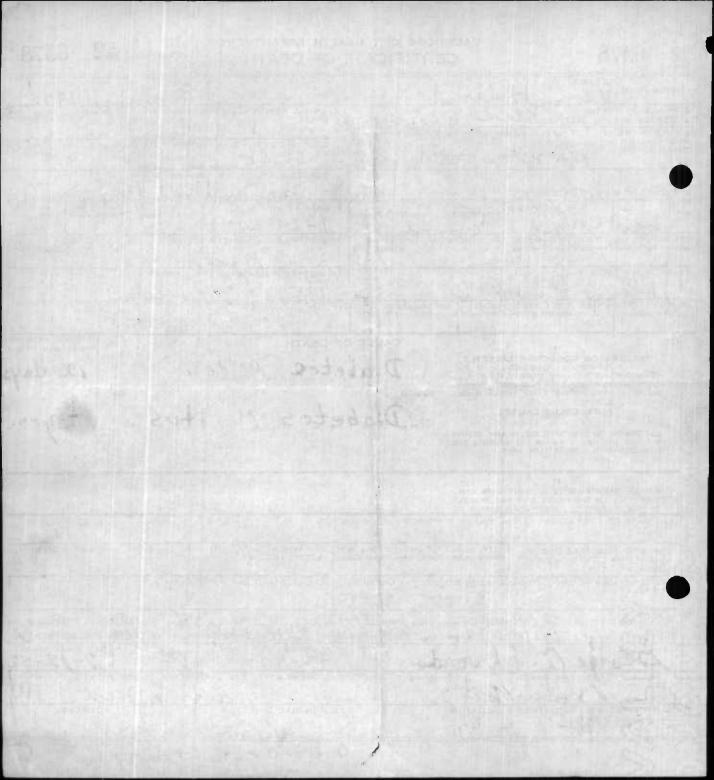
В	IRIH NO.						
1. (T	NAME OF D ype or Print)	ECEASED Colu	rand 1	P Wal	dochmidt	2. DATE OF DEATH	-18-52
A.		City, Maryland	Vnin	- Horp	A. STATE		d, If institution; residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hosp	ital or institut	ion, give street address o location		(If outside corporate)	limits, write RUTAL and give
I IN	ISTITUTION	Wow 1	toso		Baltimo	ie /	3 - O Cownship)
			1	P'10 Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	4
-	Length of s	tay in Baltimore	E 7 SINGI	Days MARRIED	1 8. DATE OF BIRTH	9. AGE (in year	s If Under 1 Year If Under 24 Hours
	male	white	WIDOW	NED, DIVORCED (Specify			Months Days Hours Min.
1C wor	A. USUAL OC done during most o	CUPATION (Give kind	of 10B, KANE	OF BUSINESS OR JNDUSTR		te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ta	FATHER'S N	IAME	2 2 2 00	J. Ut	14. MOTHER'S MAID	EN NAME MAS	t.
15 (Ye	MAS DECEASE u, no or unknown)	EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1: Wall 10	ADDRESS Light M
-	18. 11.5	0.1		CAUSE	OF DEATH	MANCHE IN BUT CHE	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY		·	10 1 .	ONSET ANO OEATH
	(This does	LEADING TO DE not mean the mode re, asthenia, etc. It me	of dying, e. g	3., (A)	renary 1	Kromboses	
		complication which			infaration		
-	4000	ANTECEDENT CAL	JSES				
RTIFICATION		S OR CONDITIONS,			•••••••••••••••••••••••	•••••••••••	***************************************
CA	UNDERLY	ING CONDITION	LAST.	(C)	***************************************		
E	•	II.					
ER	TRIBUTING	IGNIFICANT CONI	T NOT RELATE	D			
O		F OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
NA.			1,5415				YES NO
FDICA		ENT WAS UNDER- R CONTRIBUTING[DEATH		ACE OF INJURY (e. g., arm,factory,street,officebldg.		(If in Baltimore Ci	ty, give exact location)
	10. TIME ((Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURE		JURY OCCUR?	
			m. 1	WHILE AT NOT WHILE			
		y certify that I a		•			95 2, that I last saw the
	deceased al				rred at 3:12 Am., fr	om the causes and o	n the date stated above.
		Willes	m d	Heemino.	Unen	Husp	7-15-52
	4A. BURIAL, CON. BEMOVAL (S		0 4	24c. NAME OF CEMET	ERY OR CREMATORY 2	40. LOCATION (City, to	
_	ATE RECEIVE	July	10,1952	Blean	YOUR DIRECT	a. a. so	OME
L	CAL REGIST	RAR 1059	R'S SIGNATU	With	25. FUNERAL DIREC	12 1000 14co	ADDRESS
	VS 150	1334 Thur	Luglon	Hollama-, My	St. Mound	0,000-19-	NO MUMOS M
			a.	. 6 47	97547 A		



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52	6578
DIDTH	NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.2 6578

BIRTH NO.	- CERTII TOATI	L OF BEATTI		
1. NAME OF DECEASED (Type or Print) Vara Hallon	nd		2. DATE OF DEATH July	11,1952
a. Baltimore City, Marylan Med.	0000	4. USUAL RESIDENCE (V	Where deceased lived. If it	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or instituti		Ind.	anne 1	anusidal
HOSPITAL OR INSTITUTION JOHNS HOPKINS HO	location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
JOHNS HOPKINS HO	SPITAL Yrs.	D. STREET ADDRESS (If	and the state of	200
Jonath of stew in Boltiman	Mos.	2	rural, give location)	
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE	Days MARRIED.	8. DATE OF BIRTH	9. AGE (in years if the	nder 1 Year If Under 24 Hours
Female Cole I WIDOW	ED, DIVORCED (Specify)	1-28-28	last birthday) Mont	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country) 1	2. CITIZEN OF
work done during most nf working life, even if retired)	INDUSTRY	mi	1.	WHAT COUNTRY?
13 KATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
Colore Cooper		9tt. 13	h man 1	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no nr nnknown) (If yes, give war nr date; nf service)	16. SOCIAL	17. INFORMANT	ADI	DRESS
(A yes, are was in during in service)	SECURITY NO.	JOHNS HO	PKINS HOSPITAL	
V18. 260X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	7. 1	1:0 0.1		ORSET AND SEATH
(This does not mean the mode of dying, e.g.		etcs Acid	0515	12 days
heart failure, asthenia, etc. It means the disease injury or complication which caused death.) DUE TO			
		,		
ANTECEDENT CAUSES	1) - 1	-toc Mal	12 1	The state of the s
		etes Mel	litus	2 yrs.
	G	etes Mel	litus	2 yrs.
	G	etcs Mel	/itus	2 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	E DUE TO	etcs Mel	litus	2 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	G E DUE TO (C)	etes Mel	litus	2 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	G E DUE TO (C)		litus	2 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DESASE OR CONDITION CAUSING IT OTHE DISEASE OR CONDITION CAUSING IT OF OPERATION 198. MAJOR	G E DUE TO (C)		litus	20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DESASE OR CONDITION CAUSING IT OTHE DISEASE OR CONDITION CAUSING IT OF OPERATION 198. MAJOR	G E DUE TO (C)	ATION		20. AUTÓPSY?
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING II 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 12B. PLA about hnme, for a contribution Cont	G E DUE TO (C)	ATION	If in Baltimore City, give	20. AUTÓPSY?
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DOUBLE About hnme, for CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 12	GE DUE TO (C)	n nr 21c, WHERE DID (1ste.) INJURY OCCUR?	if in Baltimore City, giv	20. AUTÓPSY?
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, for CAUSE OF DEATH VD. TIME (Month) (Day) (Year) (Hour) III. TIME (Month) (Day) (Year) (Hour)	G (C)	n nr 21c, WHERE DID (1) 1000) INJURY OCCUR? ED 21F, HOW DID INJURY	if in Baltimore City, giv	20. AUTÓPSY?
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) FINJURY	G E DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., ii arm, factory, street, office bldg., e. 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK	EATION In mr 21c, WHERE DID (1) INJURY OCCUR? ED 21f, HOW DID INJURY	If in Baltimore City, giver occur?	20. AUTOPSY? YES NO NO Ne exact location)
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hume, for CAUSE OF DEATH VD. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the	CE OF INJURY (e. g., in arm, factory, street, office bldg., et le. INJURY OCCURRING WORK AT WORK deceased from.	EATION In ar 21c, WHERE DID (1) INJURY OCCUR? ED 21f, HOW DID INJURY	occur?	20. AUTOPSY? YES NO
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, for CAUSE OF DEATH VD. TIME (Month) (Day) (Year) (Hour) 12A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, for CAUSE OF DEATH 21B. PLA about home, for CAUSE (Month) (Day) (Year) (Hour) 10B. MAJOR 21B. PLA	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., ir arm, factory, street, office bldg., e. 21e. INJURY OCCURR WORK AT WORK deceased from 7 and that death occur	EATION In mr 21c. WHERE DID (1) INJURY OCCUR? ED 21f. HOW DID INJURY - 2 , 19 52 to red at 947 Pm., from to 38. ADDRESS	occur? 7 - 11 , 1952, he causes and on the	20. AUTOPSY? YES NO
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DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH VD. TIME (Month) (Day) (Year) (Hour) 10 To the DISEASE OR CONDITION OR CONTRIBUTING CAUSING IT 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH VD. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased alive on 7 1 1, 19 52 6	CE OF INJURY (e.g., in the state of the stat	EATION INJURY OCCUR? ED 21F, HOW DID INJURY - 2 , 19 52 to red at 947 Pm., from t 38. ADDRESS JOHNS HOPKINS H	occur? 7 - 11 , 1952, he causes and on the	that I last saw the date stated above. 23. DATE SIGNED 7-12-52
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION OF THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hame, for CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased alive on 7-11, 1952 (23A. BURIAL, CRE A) 24B. DATE 24A. BURIAL, CRE A) 24B. DATE TION REMOVAL (Specify) Rully 18652	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., ir arm, factory, street, office bldg., e. 21e. INJURY OCCURR WHILE AT NOT WHILE WORK deceased from J and that death occur M. D.	EATION INJURY OCCUR? ED 21F, HOW DID INJURY - 2 , 19 52 to red at 947 Pm., from t 38. ADDRESS JOHNS HOPKINS H	occur? 7 - 11 , 1952, he causes and on the HOSPITAL OCATION (City, town, o	that I last saw the date stated above. 23c. DATE SIGNED 7 - 12 - 52 r county) (State)
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT TO THE DISEASE OR CONDI	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., ir arm, factory, street, office bldg., e. 21e. INJURY OCCURR WHILE AT NOT WHILE WORK deceased from J and that death occur M. D.	EATION INJURY OCCUR? ED 21F, HOW DID INJURY - 2 , 19 52 to red at 947 Pm., from t 38. ADDRESS JOHNS HOPKINS H	occur? 7 - 11 , 1952, he causes and on the HOSPITAL OCATION (City, town, o	that I last saw the date stated above. 23. DATE SIGNED 7-12-52
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION OF THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hame, for CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased alive on 7-11, 1952 (23A. BURIAL, CRE A) 24B. DATE 24A. BURIAL, CRE A) 24B. DATE TION REMOVAL (Specify) Rully 18652	CE OF INJURY (e. g., in arm, factory, street, office bldg., arm, f	ATION and 21c. WHERE DID (1) INJURY OCCUR? ED 21f. HOW DID INJURY - 2 , 19 52, to red at 8 42 fm., from to 38. ADDRESS JOHNS HOPKINS HOP	occur? 7 - 11 , 1952, he causes and on the HOSPITAL OCATION (City, town, o	that I last saw the date stated above. 23c. DATE SIGNED 7 - 12 - 52 r county) (State)



BALTIMORE CITY HEALTH DEPARTMENT

52 6579

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 2, 1952 IDA C. COLLINS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporale limits, write RULL, and give C. CITY OR TOWN INSTITUTION township) 2075 Rock Rose Avenue Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos 1005 Abbott Court ength of stay in Baltimore Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED, 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) female Oct. 2, 1882 widowed 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isabelle ? Joseph Chason 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Court SECURITY NO. Miss Annabelle Collins, 1005 Abbott INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Browles- Puemelouia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE is schoolie Cardio - Vac. Du UNDERLYING CONDITION LAST. IL. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERō about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK Jul 19, 19 5 /10. 22. I hereby certify that I attended the deceased from. 1, 195 that I last saw the m., from the causes and on the date stated above. deceased alive on 7 , 1952. and that death occurred at_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Holy Redeemer 'em. Baltimore, Maryland Burial

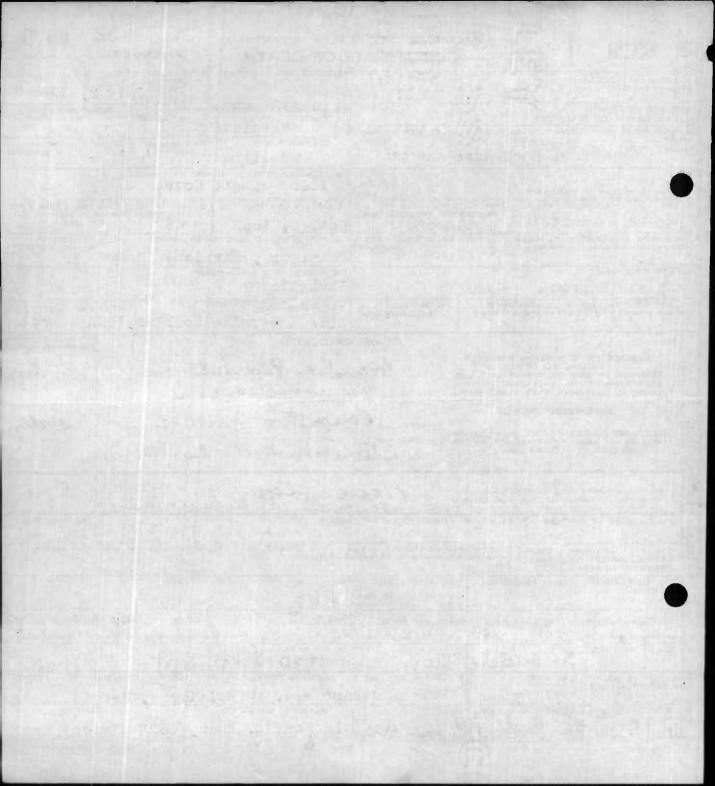
25. FUNERAL DIRECTOR

Ruck, 5305 Harford

Leonard

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

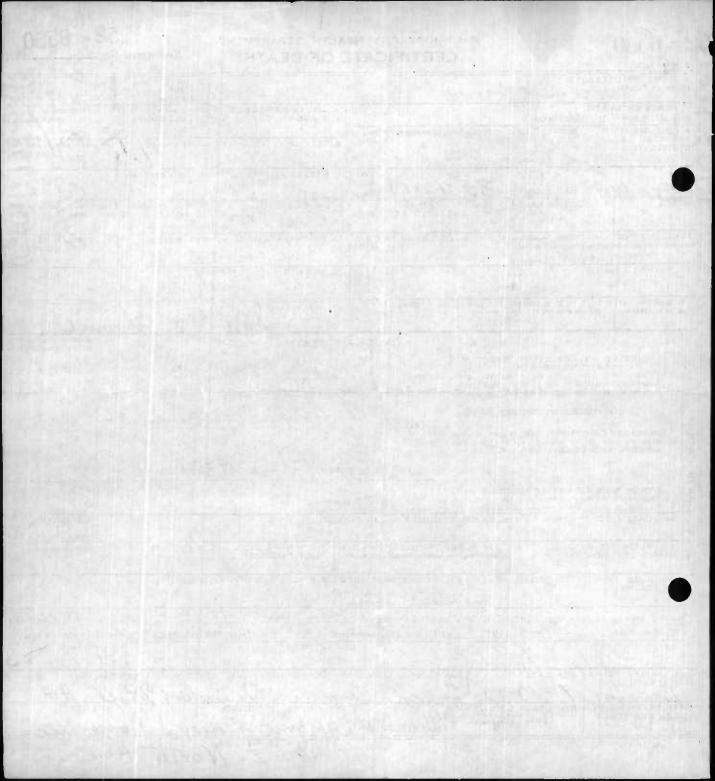


25 6580

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6580

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARCELLA MENAS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Luctura Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH SINGLE MARRIED 9 AGE (In years) (WIDOWED, DWORCED (Specify) last birthday) Months Days Hours! Min. 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17, INFORMANT ADDRESS (Yes, no or unknown) (If yea, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in mr (If in Baltimore City, give exact location) 21c. WHERE DID about hume, farm, factory, street, office bldg., etc.) INJURY OCCUR? FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! . 19 that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 5:25 Am., from the causes and on the date stated above. deccased alive on 15 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED mulin 24A. BURIAL, CREMA-TION_REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR VS 150



453 52 6581

to one causes or acam creatly and regionly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6581

BIRTH NO.	E OF DEATH					
1. NAME OF DECEASED (Type or Print) Dores M. Holland	2. DATE July 13, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland Bulkimore	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITYOR TOWN (If outside corporate limits, write RURAL and give					
Partons (workar	Saltimore 24-0 Stownship)					
Length of stay in Baltimore All Manual Mos.	D. STREET ADDRESS (If rural, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) Il Under I Year If Under 24 Hours last birthday) Months: Days [Hours Min.					
wante mange moved	Markey 1842 60					
NOW TO A USUAL OCCUPATION (Give kind of Work done) during most of working file, even if retired) Thusant as						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Toharles W. Johnson	Selfer Minnie Selters					
15. WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Clarker W. Holland S. N. J. L. W.					
18. 33/X . CAUSE	OF DEATH INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	oh of the one onset and Death					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	euros (comerciases 2 days					
injury or complication which caused death.) DUE TO	2 Au Altorocherosis					
ANTECEDENT CAUSES Z						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	tares de 1					
UNDERLYING CONDITION LAST.	Myse Husion					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	PATION 20. AUTOPSY?					
O D DIAGE OF INJURY (YES NO					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., to	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1949, 19, to 192, that I last saw the						
deceased alive on 7/13, 1982. and that death occurred at 6. m., from the causes and on the date stated above.						
23 Wille Rohn M.D.	101 E. FORT ALS. 23C. PATE SIGNED					
24A. BURIAL, CREMA 24B. DATE 110N REMOVAL (Specify)	RY OR CREMATORY 24D LOCATION (City, town, or Junty) (State)					
DATE RECEIVED BY REGISTRAN'S SIGNATURE	till & allmore landand					
DATE RECEIVED BY REGISTRAN'S SIGNATURE.	15. FUNERAL DIRECTOR SOON ADDRESS					
VS 150	A CONTRACTOR OF THE STATES					

Drwotter Cohn,

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

52 6582

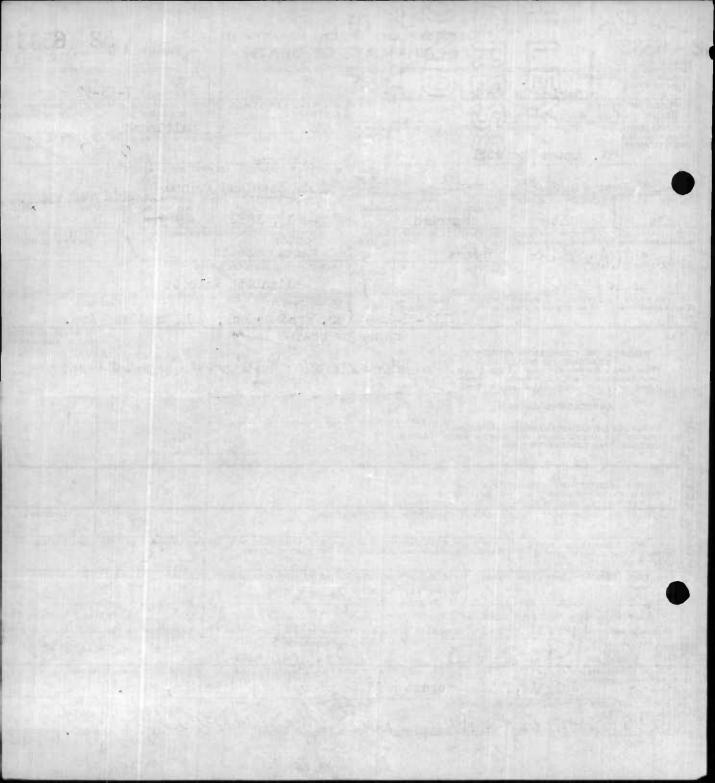
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) SOHN NICKOLAS (Golds be.	MQ) 2. DATE OF DEATH 7.12.62
a. Baltimore City, Maryland	DENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	ud I A /
Institution Provident Homelal Ballin	(If outside corporate limit, write to RAL and give township)
	ORESS (If rury), give location)
ength of stay in Baltimore 20 Mos Days 778 W.	· Sarutara XI
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIR WIDOWED, DIVORCED (Specify)	last hirthday) Months: Days Hours: Min.
Male were Theodorner 3.16.18	83 69
10A. USUAL OCCUPATION (Give kind of work done during most of working inc, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE INDUSTRY	E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
laterer gen Horth	Caroline ChisiA
13. FATHER'S NAME	MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ue Mornas
(Yes, no duranown) If yes, give war or dates of service) SECURITY NO.	ADDRESS
18. LIL 3 V CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIFFCTIVE	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	least desease Coges
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Z Z	YES NO
218. PLACE OF INJURY (e.g., in or 21c. WHERE LYING OR CONTRIBUTING about home, farm, factory, etrect, office bidg., etc.) INJURY OCCURRENCE CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW D	ID INJURY OCCUR?
m). WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 5.8. 19	52, to 7. 12 , 195, 4Kat I last saw the
11/7/	m., from the causes and on the date stated above.
23A. SIGNATURE 23B. ADDRESS	23C. DATE SIGNED
1 James D-lave, M.D. 1921 W	adventive 7.15.52
24A. BURIAL, CHEMA- 24B. DATE 246. NAME OF CEMETERY OR CREMATOR	RY 240 LOCATION (City, town, or county) (State)
Burial 1/19/1802 1/11 Calvary Cim	- Clack IVILL OHA
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL D	ADDRESS 322/
_ III 16:1950 Tuntington Villacus, Mythis it at	u U. Williams Schroeders
VS 150	9

deta hiereris 1128 2 -18 in the second position to the just of intimum City 186. Jan. 1. Male High Decolores 3 6,1883 64 alfred medeler seeth anderes 11 2 31 of the leave. be petrance had been 11165 Signal France 1981 Christian Clar 715 5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Frederick De Cock DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution : residence A Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital Raltimore Yrs. D. STREET ADDRESS (If rural, give loc-29 Mosk ength of stay in Baltimore 1012 Kathland Avenue DAYS 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | fi Under | Year | fi Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) 69 yrs Married Dec 13, 1882 Male White 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Adminis-Massachusetts Spices 14. MOTHER'S MAIDEN NAME Elizabeth Talbott Gustave DeCock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO 212-01-1040 Mr. Fred DeCock. 4012 Kathland Ave. No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arterioscleratic - Mytertensive Caron Une Disence LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTI 10 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT AT WORK WORK 22. Thereby certify that I attended the deceased from July 13 195 to July 15 19 that I last saw the 19 5 and that death occurred at 150 m., from the causes and on the date stated above. deceased alive on-200 ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c, NAME of CEMETERY OR CREMATORY | 2 D. LOCATION (City, town, or county) TION, REMOVAL (Specify) July 18.1952 Forest Hill Cematery Boston, Mass. Burial DATE RECEIVED BY INERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR .510 Liberty

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE HORACE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived If institution : residence 3. PLACE OF DEATH: COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF write R RAL and give township) location) HOSPITAL OR (If outside corporate li CITY_OR TOWN INSTITUTION (If rural, give location O. STREET ADDRESS, Mos. length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED last birthday) Months: Days Hours: Min. WHOOWED, DIVORCED (Specify) arried 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) low 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. to or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY extensive LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) ... I 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said seceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 238. CHIEF MEDICAL EXAMINER 236 VATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) UKLA 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAS

151

rugsicians, prease write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 6585

В	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No. 0000
1,	NAME OF C 'ype or Print)		BAKER			2. DATE. OF DEATH JUD	15,1952
Α.		City, Maryland			4. USUAL RESIDENCE (
H	FULL NAME OSPITAL OR ISTITUTION	MERLY H		on, give street address or location)		f outside corporate lim	its, write BURAM and give township)
	Length of s	stay in Baltimore	30 YE	ARS Yrs.	3/8 N. P/	rural, give location)	
	MALE	COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Ionths Days Hours Min.
WOT	done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S	BAKER			ELIZABETH		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or dete	FORCES? e of service)	16. SOCIAL SECURITY NO.	17. INFORMANT HOSPITAL		ADDRESS
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mea complication which of	TH of dying, e.g. ns the disease caused death.	(A) CARCI	OF DEATH	LUNG	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G E DUE TO -(C)			
CERT	TRIBUTING	GIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE!	D			
	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7
EDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., t	o or 21c. WHERE DID (stc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
M	21D. TIME F INJURY	(Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereb deceased a	TUDE .	, 195Z	and that death occur	, 19_, to	the causes and on	_, that I last saw the the date stated above.
24	A. BORIAL	CREMA- 248. DATE	Mich	M. D.	Mercy Hosp	OCATION (City, tow)	7-15-52
	Sural ATE RECEIVE	D BY REGISTRAR	S SIGNATU	m / aul	WEN BIN B 25. FUNERAL DIRECTOR	alto	ADDRESS
	JUL 1 61	952 Hunting	ton We	Macus, My	Charles &	1. 600p	w
	VS 150	and the second	9 5	2 9403	Jo 5192 37.	Earrol	eton ave

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6586

1.	NAME OF D	PETER	JAMES	CORDO	N	2. DATE OF DEATH	7/15/52
	Baltimore (City, Maryland					ed. If institution: residence Y before admission)
В.	FULL NAME		al or institution,	give street address or location)			
	ISTITUTION	VION ME	MORIAL I	HOSPITAL -	BAL FIM OR	. //	limits, write RORAL and give township
		V1010 11/2/	HUNTIL	Yrs.	D. STREET ADDRESS	(If rural, give location	n)
		tay in Baltimore	25	Mos. Days	845 N. H	GWARD ST	
112	MALE	6. COLOR OR RACE		DIVORCED (Specify)	8. DATE OF BURTH		rs If Under I Year If Under 24 Hours) Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	M ARR	BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
WOT	HET!	of working life, even if retired)	Detic	INDUSTRY	PENNSYL	VANIA	WHAT COUNTRY?
13	FATHER'S	NAME	0		14. MOTHER'S MAIDE		
	PET				MARGARE	T HRBUC	KLE
(Ye	s, no or unknown)	ED EVER IN U, S. ARME (If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT	A1 H. 100	ADDRESS
-	18. 52º			75 - 22- 23		/V. MOWAK	D ST BALTO, ME
	od of	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	(This does	LEADING TO DEA	TH of dying, e.g.,	(A)XXXXXXXXX	uxus-via		70 10 10 10 10
	heart failu injury or	re, asthenia, etc. It mes complication which		-DUE TO			
		ANTECEDENT CAUS	SES	bu	long	11	
O	DISEASES	S OR CONDITIONS, I	F ANY, GIVING	(B)	pronunce	mphyses	sa.
FICATION	UNDERLY	THE ABOVE CAUSE (A)	STATING THE	(C)	Martitix	XX	(over)
						~	
RT		II SIGNIFICANT CONDI			osclerosis, gen		
CE	TO THE D	TO THE DEATH, BUT	CAUSING IT.		lis biliary (i	n gall bladd	er)
AL	19A. DATE C	OF OPERATION 1	98. MAJOR FIN	NDINGS OF OPER	ATION		20. AUTOPSY7
EDICA	21A. ACCID	ENT WAS UNDER-		OF INJURY (e. g., i		(If in Baltimore C	ity, give exact location)
ME	CAUSE OF	R CONTRIBUTING DEATH	abone nome, farm,	actory, street, omce bidg.,	INJURY OCCUR?		
r	ID. TIME	(Month) (Day) (Year)		INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
h			m. WHILE	RK L AT WORK			
		y certify that I att			1952, to.	7/15	1952, that I last saw the
	23A. SIGNA	live on 7 (15	_, 19_ 3_2 and	that death occur	Ted at 0 170 m., fro	m the causes and	on the date stated above.
		Teorgia	Vey not	2 es M.D.	Union men	onal Hospe	
	N. BEMOVAL (S		24c.	NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (CN),	town, or county) (State)
D	ATE RECEIVE	D BY REGISTRAP	S.SIGNATURE	olumba	25. FUNERAL DIRECTO	olumba	ADDRESS
	CAL REGIST		ton Will:	ALLIA- MED	Wm. Carlo J.	Serve 121	7 Hs Paul St
=	VS 150	3	1 5		6 3 0	3 3 7 7 8 7	110 1000
				3636	U		

See Document File 52-6586
Letter from Dr. Georgia Reynolds, Asst Res in Medicine
also signed by Mr. Carroll D. Hill, Director, Union Mem. Hospital

2	36	,	BALTIMORE CITY HE		Registered N	2 6587
BT	RTH NO.		OZIKI I IOKI I			
1. (T	NAME OF DEC		HAEL PASTERNAK			ly 15, 1952
Α.	Baltimore Ci	ty, Maryland		4. USUAL RESIDENCE (W A. STATE Marvland	B. COUNTY	before admission
HIC	FULL NAME O	F (If not in hospit	al or institution, give street address or location)		Anne Aru	, write RURAL and giv
IN	ISTITUTION	Baltimore	City Morgue			township
			Yrs.	D. STREET ADDRESS (If r	ural, give location)	
	Length of sta	ay in Baltimore	Mos. Days	8230 High	Point Rd.	. A. A. Co.
5.	Male (White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year H Under 24 Hours nths: Days Hours Min
10 worl	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NA	ME	0 100	14. MOTHER'S MAIDEN NA	ME 1	
	Vinc	ent Pa	isternak	Josefa Skera	kowski	
	. WAS DECEASED	EVER IN U. S. ARMEI	FORCES? 16. SOCIAL sof service) SECURITY NO.	17. INFORMANT		DESS A.A.
_				youphine rasiern	ak 109 Carvel	i Neach Iva
	(This does	E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It mes complication which	DIRECTLY TH of dying, e.g., (A)	OF DEATH Fractured skull		ONSET AND DEAT
	Δ	ANTECEDENT CAUS	SES			
7			(B)	•••••••••••••••••••••••••••••••••••••••		*******
ō	RISE TO TH	OR CONDITIONS, I E ABOVE CAUSE (A) ING CONDITION LA	STATING THE DUE TO			
AT	UNDERLII	ING CONDITION LA	(C)	***************************************	***************************************	
ERTIFICATION	TRIBUTING	II GNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED			
LC	19A. DATE OF	OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	21A. EXTERNA	AL CAUSE WAS	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., t		in Baltimore City, g	ive exact location)
ED	UNDERLYING	TUSE OF DEATH.	street	Baltimore and	Guilford Ave	•
₹.	21D. TIME (M	fonth) (Day) (Year)				
	Ju.	ly 15,1952	m. WHILE AT NOT WHILE			
	the evid	lence obtained by	rge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	Autopsy, I Inquiry, find that said de	nspection or Inquiry ccased died on the	e day stated above
	23A. SIGNATU		V. Durlasher	238. CHIEF MEDICAL E	XAMINER 230	Ly 16, 1952

24A. BUNIAL, CREMA-TION REMOVAL (Specify)

N803.2 V S 151

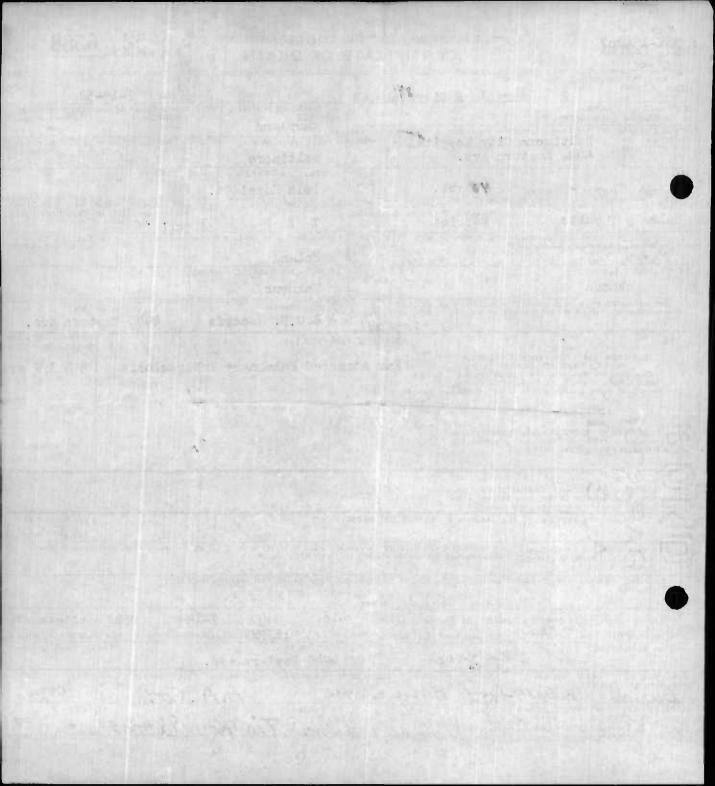
Heart of Mary Balto, Co, address Mol-25. JUNERAL EXPECTOR ADDRESS MOLE Wom S. Fial Houski 2007 Eastern ave

Br 2087 DZK-134267

BALTIMORE CITY HEALTH DEPARTMENT

52 No 6588

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Henry John Cierniak 7-14-52 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospital C. CITY OR TOWN (If outside corporate Units, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1618 Hazel St. ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years | N Under I Year | N Under 24 Hours | Months; Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Mala White 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10a. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Paterman Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or deten of nervice) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO B.C.H. Records 4940 Eastern Ave. INTERVAL BETWEEN 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Far Advanced Pulmonary Tuberculosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 12-16 , 1949, to 7-14-22. I hereby certify that I attended the deceased from_ . 1952 that I last saw the deceased alive on 7-14-19 52 and that death occurred at 9:1570 from the causes and on the date stated above. 23a, ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248 DATE 24C. NAME OF CEMETERY OR (State) TION_REMOVAL (Specify) DATE RECEIVED BY SIGNATURE UL 16 1952 untington VS 150

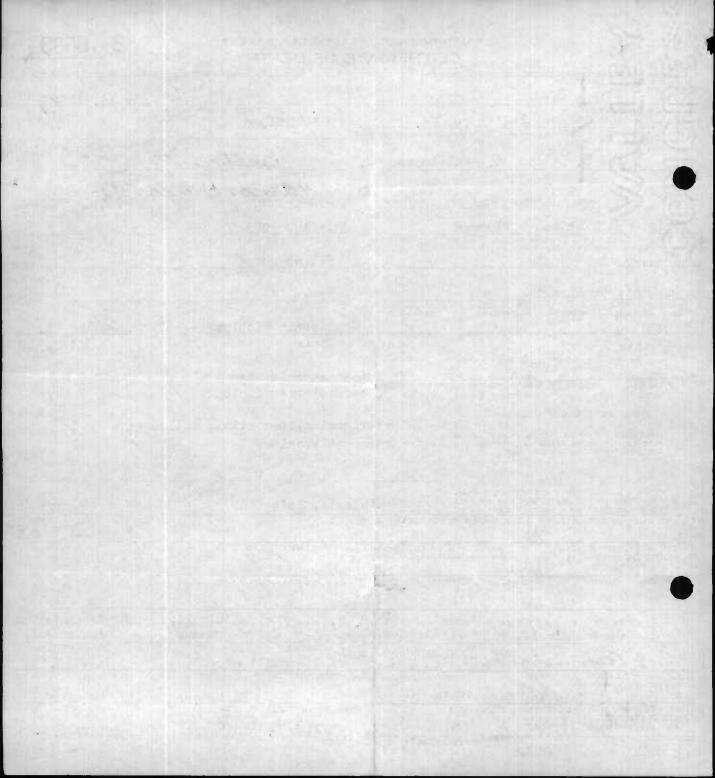


6589

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 6589

BIRTH NO.			CERTIFICAT	E OF DEAT		
1. NAME OF I (Type or Print)					2. DATE OF	
	Anna Barnas				DEATH Ju	ly 14, 1952
3. PLACE OF D	City, Maryland B	altimor	e Md	A. STATE	MCE (Where deceased live B. COUNT)	
B. FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	With		
HOSPITAL OR			location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
(1.8)	426 S. Dallas	St., B	altimore, Md.	130	allo City	2-01
			Yrs. Mos.		SS (If rural, give ocation	1) (1)
	stay in Baltimore		Days		8. Hallos	at
5. SEX	6. COLOR OR RACE		E. MARRIED. /ED.DIVORCED (Specify)	8. DATE OF BIRTH		Months: Days Hours: Min.
Female	White	Widowe		July 18, 186		
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework	The state of the s		MADOSINI	Poland		WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	111
Jankants	y Brusinski			Mary		
15. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Unknown	(If yes, give war or date	s of service)	SECURITY NO.		1	
			1		oskowski, 426 S	INTERVAL BETWEEN
18. 44	-3X		CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION LEADING TO DEA					
(This doe	s not mean the mode	of dying, e.	g., (A) Broncho	-pneumonia,	terminal	2 days
injury or	ure, asthenia, etc. It mes complication which	ans the diseas caused death	n.) DUE TO MYOCE	ardial insuff	iciency	3 days
	ANTECEDENT CAU	SES				
Z			(B) Hyperi	ension. esse	ntial, malignar	at ?
DISEASE RISE TO	S OR CONDITIONS, I	F ANY, GIVI	10	osclerosis		2
VINDERL	YING CONDITION L	AST.	111 0011	.0501010818		•
ODISEASE TO UNDERLU UNDERLU OTHER TRIBUTING TO THE			(5)			
E CTUER	II CONTRACTOR	IMIONIO	(0)	***************************************		
TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELAT	ED Heminl	egia, left		7 dassa
	OF OPERATION 1		FINDINGS OF OPER			20 AUTOPSY2
7	OI OI ENATION	ob. mason	TINDINGS OF OTE			YES NO V
21A. ACCID HOMICIDE	ENT. SUICIDE,	21B. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE D	ID (If in Baltimore Ci	ity, give exact location)
HOMICIDE	(Specify)	about home,	farm, factory, street, office hldg.,	etc.) INJURY OCCU	R?	
5	(Month) (Day) (Year	(Hour) 1	21E. INJURY OCCURR	ED 21E HOW DID	INJURY OCCUR?	
FINJURY	(month) (Day) (Lear,		WHILE AT NOT WHILE		MOONI OCCONI	
		m.	WORK AT WORK			
22. I here	by certify that I at	tended the	deceased from Nov.	8, 1949	, to July 14, , , 1	9.52, that I last saw th
		19 52.	and that death occur	rred at4:30 pm.	from the causes and o	on the date stated above
234. SIGNA	a U.	2	I. B. BRONUSHAS, M	ADDRESS		23C. DATE SIGNED
(0.17.1	Tromuch	~ 1010 .	MEDICAL ASMICIA	031 O. DONNAT	1 St.	July 15. 52
24A. BURIAL. TION, REMOVAL (CREMA- 24B. DATE Specify)		24A MANE OF CEMENT	RY OR CREMATORY	24D. LOCATION (City, t	own, or county) (State)
Burial	July 18.		Holy Rosary		Baltimore Coun	ty. Md
LOCAL REGEN	D BY REGISTRAR	'S SIGNATU	JRE	25. FUNERAL DIR	ECTOR B	ADDRESS
-JUL 10 B		+ 11	111.	William S.	Pialkowski, 2007	Eastern Ave.
VS 150	Tunting	14 M	duame, My			

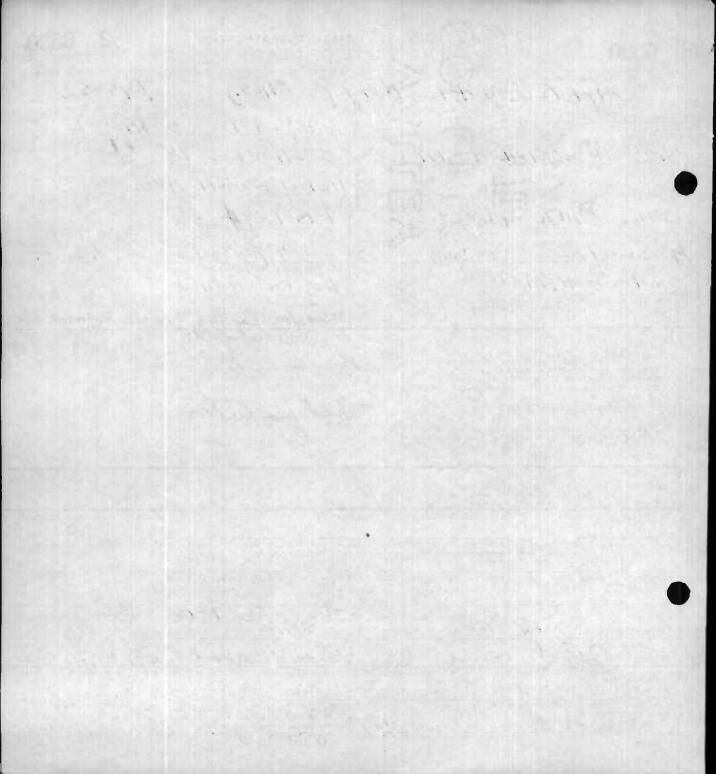


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6590

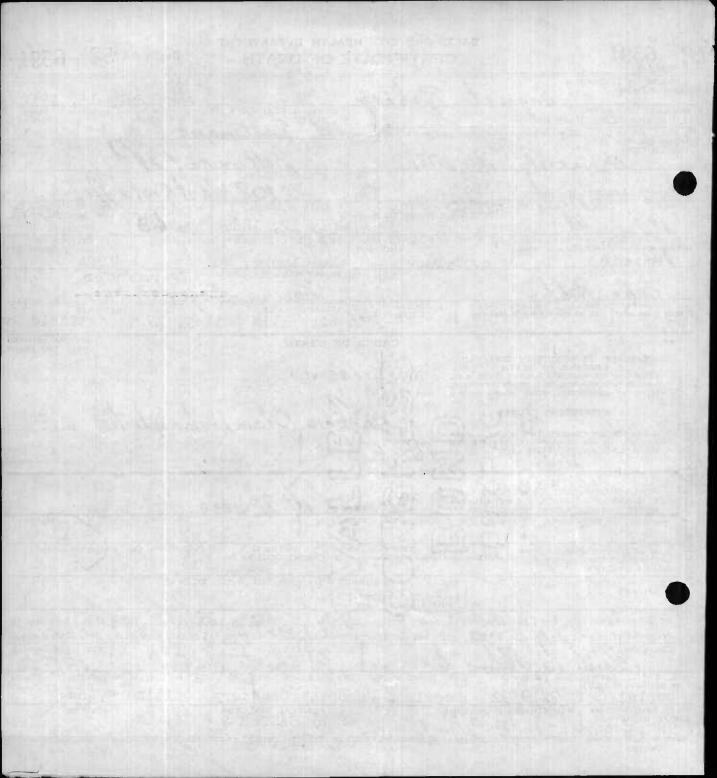
BIRTH NO.	TOATE OF BEATT
1. NAME OF DECEASED (Type or Print) MYRTLE MARIE BURRY (MRS.) 2. DATE OF OF T-15-52	
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR	address or MARTLAND BALTIMORE
UNION MEMOIZIAL HOSPITA	(If outside corporate limit, write RURAL and give township)
VIVION PREMIURIAL HOSPITAL	Yrs. O. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Life	Mos. 116/ GORSUCH AVE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE	D (Specify) 8. DATE OF BIRTH 9. AGE (In years f Under Year It Under 24 Hours Months: Days Hours Min.
TEMPLE MAILE DIVORCED	1-15-1874 58
14/1/12 - 14/11-	SS OR II. BIRTHPLACE (Str. e or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE at home	14. MOTHER'S MAIDEN NAME
SAMUEL HYMAN	LOUISE AMICK
15. WAS DECEASED EVFR IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or anknown) (If yes, give war or dates of service) SECURI	17. INFORMANT ADDRESS
(16 s, no or anknown) (11 yes, give war or dates of service) SECURI'	Mrs downter Dete 16 42 Kryral Ave
18. 493 X CAUSE OF DEATH (LONG TELL ONS IT AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES ANTECEDENT CAUSES (B)	
U RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS O	OF OPERATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)	
LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY (FINJURY)	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 6-26, 1957, to 7-15, 1957, that I last saw the	
deceased alive on 7-14, 1952, and that death occurred at 5:074m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED	
AM Alugare M.D. Uwan themand Toph 1/15/52	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (Cit), town, or county) (State)	
burial 7/18/52 Parkwood cemetery Baltimore, Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HENRY SANDER & SONS, INC. ADDRESS	
JUL 151952 Muntington Williams My BALTOF 18, MD. Sear . Standle	
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.2 6504

r)	NAME OF DECEAS	7	. 1	21/		2. DATE OF	3 6 30 6
	PLACE OF DEATH:		48/	naniey	4. USUAL RESIDENCE (W		institution residence
11-	Baltimore City, I		al or instituti	on, give street address or	MITTE Rolling	B. COUNTY	before admission)
H	OSPITAL OR		4	location)		outside corporate / mi	write RURAL and give
12	Mary	cassty	the	wital	30/11000	Re # 14	township)
4	Variation 1		7.10	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	11
	Length of stay in		Life	Days	2709 W	estfield	HIC
5.	SEX 6.CO	LOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths Days Hours Min.
	M	7		Call State	July 12, 1889	63	
wor	A. USUAL OCCUPAT	FION (Give kind of g life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign coulkry)	12. CITIZEN OF WHAT COUNTRY?
15	A ROROR		coop	erage	Baltimore, Md		USA
13	T.	211		(4)	14. MOTHER'S MAIDEN NA	AME Egersdo	gfer
10	WAS DECEASED EVE	Sh ley	FORCECT	16. SOCIAL	1081na -E	27243767	7/5
(Ye	s. WAS DECEASED EVEL a, no or unknown) (If y	es, give way or date	of service)	213-05-5826	Miss Ella Rai		Westfield Av
-						103, 210)	INTERVAL BETWEEN
	18. 592X	I		CAUSE	OF DEATH		ONSET AND DEATH
	LEAD	CONDITION	"H	11	Remis		
	(This does not m heart failure, asth	enia, etc. It mea	ns the disease		7.8.01.1.2	••••••	
	injury or compli) DUE TO		1 /	
7	ANTE	CEDENT CAUS	ES	PLA	onic Glomen	u Landai	te
TION	DISEASES OR C			G	No della della commissiona della	4.10.00 pp. 4.1.1	
V	UNDERLYING						
IC.				(C)		***************************************	*******
RTIF	OTHER SIGNIF	II CONDI	TIONE CON				
Ш	TRIBUTING TO THE	E DEATH, BUT	NOT RELATE	D Cannon	RU HT. Diseas	•	
O	19A. DATE OF OPE			FINDINGS OF OPER			20, AUTOPSY?
AL		7					YES NO
EDICA	21A. ACCIDENT W	AS UNDER-		CE OF INJURY (e. g., i		f in Baltimore City,	give exact location)
N M	CAUSE OF DEATH	I I I I I I I I I I I I I I I I I I I	Series III				
r	FINJURY (Month)	(Day) (Year)		21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
				WORK NOT WHILE			
	22. I hereby cert	ify that I att	ended the	deceased from			2, that I last saw the
		_July 13	, 19.53,		rred at 1222 Pm., from th	hc couses and on t	
	23A. SIGNATORE	105	21	1 2	3B. ADDRESS	1140	23C. DATE SIGNED
24	A BURIAL CREMA-	24B, DATE	1/2	M. D.	RY OR CREMATORY 245. LO	OCATION (City, town	or county) (State)
TIC	AA, BURIAL, CREMA- ON, REMOVAL (Specify)	7/10/			and the same and the same and	5	
D	burial ATE RECEIVED BY	REGISTRAR'	-	loreland Men	orial Cemetery	Daltimor	ADDRESS
	DCAL REGISTRAR	11- 1:	1 111	I	ENRY SANDER &	SONS, INC	
	JUL 1 6 1952	Thurting	lon if	way MP	PALTOLIA, MD	/ A.	1
	VS 150	0	. 41/4	9.5	0 3 2	Deg//1	ander
				1.1	00	Xv.	



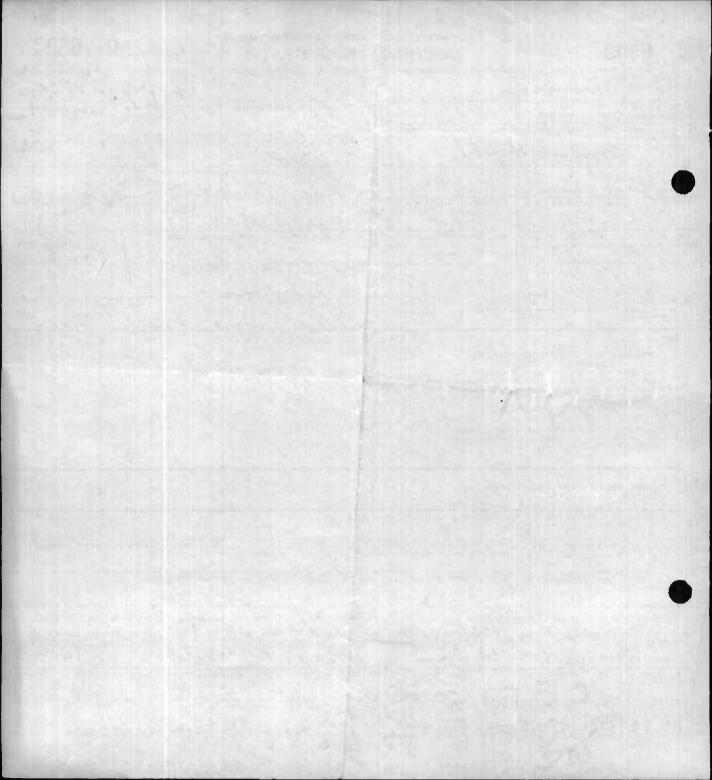
HINTON

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

52 6592

BIRTH NO. CERTIFIC	ATE OF DEATH	Registered No.					
1. NAME OF DECEASED Him fon		DATE 0 7/14/52 7/14/52					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where	deceased lived. If institution residence B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR INSTITUTION Provides + Hospital	-4:	de corporate limits, write RURAL and give township)					
Dength of stay in Baltimore 50 3/20	Yrs. D. STREET ADDRESS (If rural, Mos. Days 632 11. Carv	give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Bpecify) 8. DATE OF BIRTH 9. A	AGE (In years If Under I Yeer ast birthday) Months Days Hours Min.					
Dimentic	OR STRY 11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	17. INFORMANT	6 32 th basella					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OUE TO OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20, AUTOPSY?					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH		Baltimore City, give exact location)					
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC. WHILE AT WORK AT	CURRED 21F. HOW DID INJURY OCCUMHILE WORK	OUR?					
22. I hereby certify that I attended the deceased from deceased alive on 7/13, 1953, and that death 23A. SIGNATURE	occurred at 180 am., from the of	14, 1952, that I last saw the uses and on the date stated above. 23c. DATE SIGNED 7-14-52					
		ION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE. JUL 16:1952 Huntington Williams,	25. FUNERAL DIRECTOR	fullivan In					
vs 150	8A 1011 4. Cul	ington are					

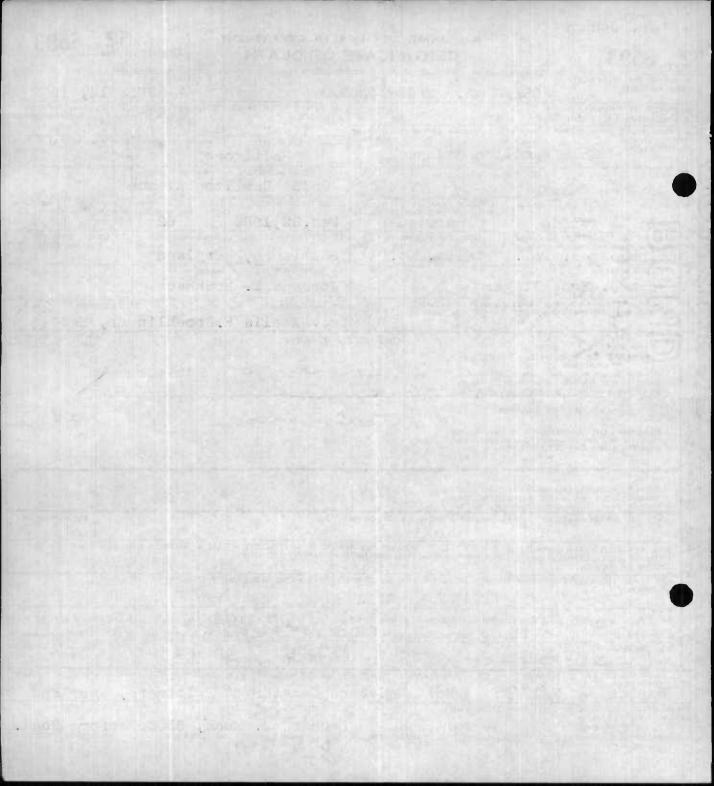


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6593

81	RTH NO.						
1. (T	NAME OF DE	CEASED JOSI	EPH A.	FROEHLING	ER	OF JULY	14, 1952
A.	PLACE OF DE Baltimore Ci	ty, Maryland			4. USUAL RESIDENCE (V		
H	FULL NAME O OSPITAL OR ISTITUTION	F (If not in hospi		ion, give street address or location)	Maryland c. CITY OR TOWN (If Baltimor		, w to RURAL and give township)
	ength of sta	y in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (IF 2518 Hamilt	on Avenue	
5.	male e	white	WIDOW	E. MARRIED, YED, DIVORCED (Specify) NATIED	B. DATE OF BIRTH Dec. 22, 1889		Under I Year nths Days Hours Min.
Wor	Retired	Amer. Tel)	of Business or INDUSTRY	Baltimore, Na		12. CITIZEN OF WHAT COUNTRY?
	Joseph C	. Froehli	nger		Josepha M. Ho		1/
15 (Ye	a, no or unknown)	EVER IN U. S. ARMI (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Amelia E.		DDRESS 2518 C. Hamilton
ERTIFICATION	heart failure injury or c	not mean the mode to a state of the complication which of the complication which of the complication of the complication of the complication of the death, but to the death, but the death the death the death, but the death th	ans the diseas caused death SES IF ANY, GIVIN) STATING THAST. DITIONS CON	(B) P C C C C C C C C C C C C C C C C C C			2 days
U		EASE OR CONDITIO	N CAUSING I		ATION		20. AUTOPSY?
EDICAL		NT WAS UNDER- CONTRIBUTING EATH	1	ACE OF INJURY (e. g., in farm, factory, street, uffice bldg., e		If in Baltimore City, g	rive exact location)
M	21D. TIME (M	Ionth) (Day) (Yea		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	deceased alice	ve on July 1	tended the		13, 1952, to 1960 at 12 45 Pm., front to 138. ADDRESS 6077 Harford		t, that I last saw the te date stated above. 23c. DATE SIGNED 7-15-52
2.	Burial (Sp. Burial)	REMA- 24B DATE	, "	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L.	OCATION (City, town, Baltimore,	
	VS 150		s SIGNATU		20. FUNERAL DIRECTOR	k, 5305 Har	ADDRESS

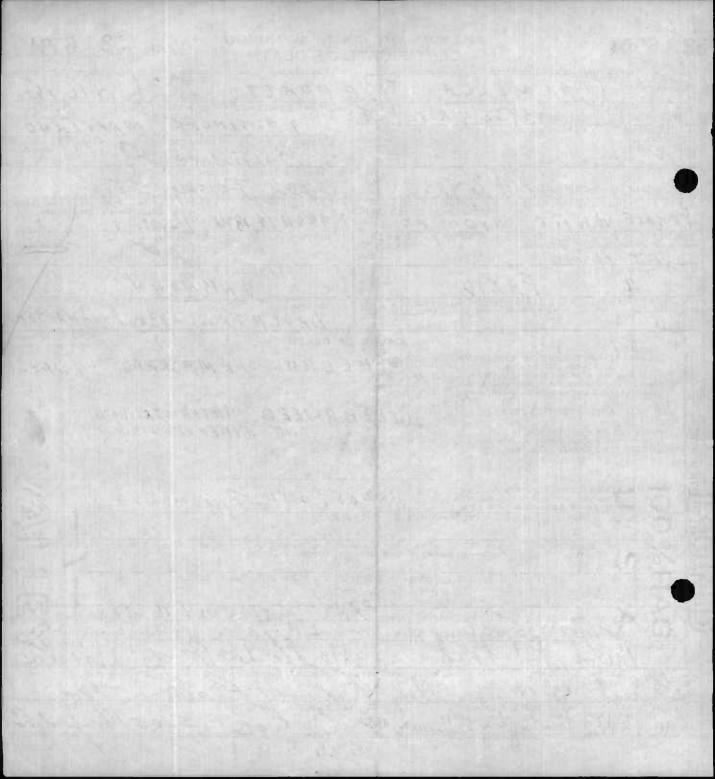


12	-O
36	DOWN
BIRTH	NO.

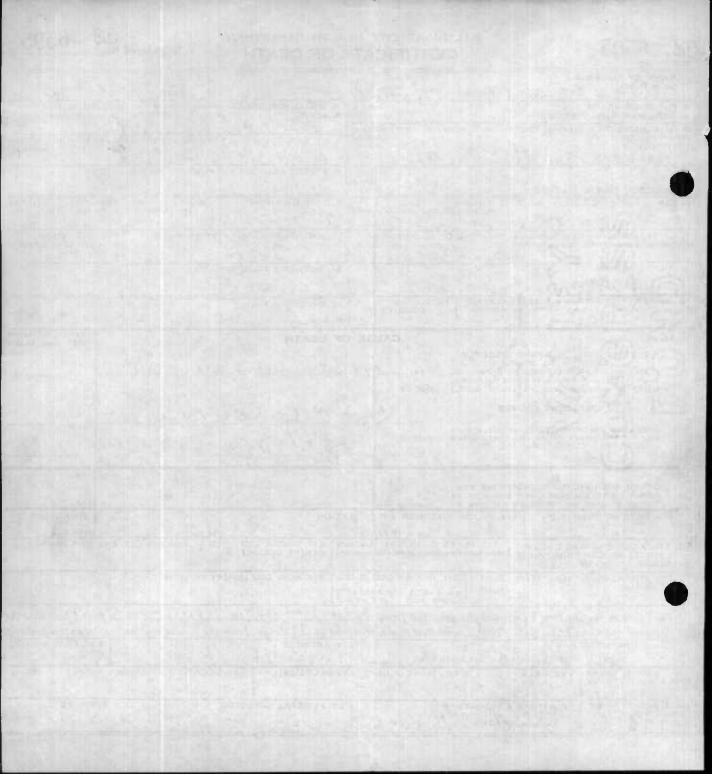
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 6594

BI	RTH NO.						
(T	NAME OF DE ype or Print)	(AKN	1ELL	AR	APPAZZO	2. DATE OF DEATH	416,1952
3. A.	PLACE OF DE Baltimore C	ity, Maryland 3	932	FRISBY ST	A. STATE	Where deceased lived. If in B. COUNTY	before admission)
В.	FULL NAME O	OF (If not in hospi	al or institut	ion, give street address location			RYLAND
	STITUTION			200211	Balt	(If outside corporate limits,	township)
	M		/	Yrs		MORE If rural, give location	91
	ength of st	ay in Baltimore	48	Vac Mo	3037 T	RISBU 51	
5		6. COLOR OR RACE	7. SINGLE	MARRIED.	I B. DATE OF BIRTH	9. AGE (in years) HU	nder i Year If Under 24 liques
1	EMALE	WHITE		OWED (Spec	MARCH 14 187	6 76yrs. 4	ths Days Hours Min.
10 work	A. USUAL OCC	UPATION (Give kind or f working life, even if retired	I JOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or		2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	HOME AME			14. MOTHER'S MAIDEN	NAME	
	?	F	AZ10		VI	VKNOWN	
(Yes	, was DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	FR - 13 00 B	DRESS
-	700	1 > 1				x 1 (- 1500 D	INTERVAL BETWEEN
	18. 55	/ X 1			OF DEATH		ONSET AND DEATH
		E OR CONDITION	ATH	CEI	REBRAL HA	EMMORRAGE	4 DAYS
	heart failu	not mean the mode re, asthenia, etc. It me complication which	ans the diseas	g., (A)			
							•
z	DISEASES OR CONDITIONS, IF ANY, GIVING AND HYDERTENSIS V.						
LIO		OR CONDITIONS.		NG HE DUE TO	ANO HY	DERTENSION.	
SA	UNDERLY	ING CONDITION L	AST.				
IFI		11		(C)			
RT		IGNIFICANT COND		N- //-/	215/25/25		
CE		TO THE DEATH, BUT	N CAUSING		OSTATICT	NEUMONITH	
Ţ	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OF	ERATION		20. AUTOPSY7
EDICAL	21A. ACCIDE	NT. SUICIDE.	218. PLA	ACE OF INJURY (e.	, lo or 21c. WHERE DID	(If in Baltimore City, gi	
ED	HOMICIDE	(Specify)		farm, factory, street, office blo			
Σ		Month) (Day) (Year) (Hour)	21E. INJURY OCCU	RED 21F. HOW DID INJU	RY OCCUR?	
	FINJURY		m.	WHILE AT WORK AT WOR			
	22. I howorks	y certify that I at			MHY 195/ to>	1024 16, 1952	that I last saw the
	deceased of		C John S	and that death oc		the courses and on the	
	23A, 51810		1		23B. ADDRES	126	23c. DATE SIGNED
	//	Wi 7.	17 10	M. D.	40 10 Saucan	, grace	JULY /6, 1952 (State)
710	ON REMOVAL (S	REMA. 24B. DATE	2-	24C. NAME OF CEME	TERY OF CREMATORY 24D.	LOCATION (City, town, o	-la 0
0	ATE RECEIVED	D BY REGISTRAS	SOL SIGNATA	IRE HALLY	25. FUNERAL DIRECTO	Jaku	ADDRESS
L	OCAL REGISTI	RAR	+ 1	VIII: MA	7 6	5305/	Larlord A
=		1952 11 mlu	The same of	mulaus, my	of Junere		1
	VS 150			that them to the	0/6 5 9 1		//



1	520						
52	659 RTH NO.	5			EALTH DEPARTMENT E OF DEATH	Registered	52 6595
1.	NAME OF DE	ECEASED / /	/ Q (1)	4211	IEC	2. DATE OF	-(352
	PLACE OF DE	EATH: City, Maryland	6 17 00	173100	4. USUAL RESIDENCE (V	Vhere deceased lived, I B. COUNTY	f institution : residence before admission)
B. I	FULL NAME (SPITAL OR STITUTION	0 /	al or instituti	on, give street address or location)		GE M	D. Howard its, write RURAL and give
1	INIUE	RSITH H	OSP.	TAL Yrs.	D. STREET ADDRESS (If		township)
	ength of st	tay in Baltimore		Mos. Days	b. STREET ADDRESS (II	rurai, give location)	6300
5.	E.M	6.COLOR OR RACE	WIDOW	E. MARRIED. ED, DIVORCED (Specify)	7-30-1906	9. AGE (In years last birthday) M	if Under 1 Year II Under 24 Hours onths Days Hours Min.
10/ work	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KIND		11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S N	ry Tho	ma	3.	14. MOTHER'S MAIDEN N.	AME	
15 (Yes	WAS DECEASE, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Beunloh Scott	1-2132	DERESS ST
	1B. 153	X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failus	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes	TH of dying, e.g ans the disease	e,	SCULAR	SHOCK	-
	n	complication which antecedent cause			of Colos	Tala	
ATION	RISE TO TH	OR CONDITIONS, IN CONDITIONS (A)	STATING TH	G SUE TO	ESTIMALOR		101)
FIC.	-			(C)F	DMCA-	2.5.7.5.55	
CERTIFICA	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
	19A. DATE O	F OPERATION 1	_	FINDINGS OF OPER	ARGE BOLL	1 /5 7	20. AUTOPSY?
EDICAL		ENT WAS UNDER-	218. PLA		n or 21c. WHERE DID (If in Baltimore City,	give exact location)
Σ		Month) (Day) (Year	(Hour)	21E. INJURY OCCURR		Y OCCUR?	
L			m.	WORK NOT WHILE			14
	22. I hereby deceased al	ive on 7-13-5	tended the	deceased from 7	rred at 11:15 m. from t	he causes and on	that I last saw the the date stated above.
	23A. SIGNAT		m · w)	estal 2	3B. ADDRESS	P	23c. DATE SIGNED
24 TIO	A. BURIAL. C N. REMOVAL (S	REMA 24B. DATE pecify)	1/1-2	M. D. 1	RY OR CREMATORY 24D. L.	OCATION (City, town	
DA	TE RECEIVED	BY REGISTRAR		Villiaus Mrs	25, FUNERAL DIRECTOR	Di 2/0611	ADDRESS N. Barre
	VS 150	752	1	1 9 5 10	E1	400000	*
1	Sand :		LEGIT.	100	OH		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF Harris, Baby Girl-Viola DEATH 4. USUAL RESIDENCE (Where deceased fived 12 firstitution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OBaltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits) write EURAL and give township) 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. ength of stay in Baltimore 565 W. Biddle Street Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) July 3, 1952 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ollie Harris Viola Briscoe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Records: B. C. H. 4940 Eastern Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., Prematurity heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 AUTOPSY EDICA YES X

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

CAUSE OF DEATH

21F. HOW DID INJURY OCCUR?

1D. TIME (Month) (Day) (Year) (Hour) INJURY

WHILE AT

21E. INJURY OCCURRED NOT WHILE AT WORK

deceased alive on 7-4-

22. I hereby certify that I attended the deceased from 7-3nded the deceased from 7-3-1952, to 7-1-1952, that I last saw the 1952, and that death occurred at 10:354m., from the causes and on the date stated above.

WORK

23A. SIGNATURE

23B. ADDRESS 4940 Eastern Ave.

23c. DATE SIGNED

____, 1952, that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

DATE RECEIVED BY

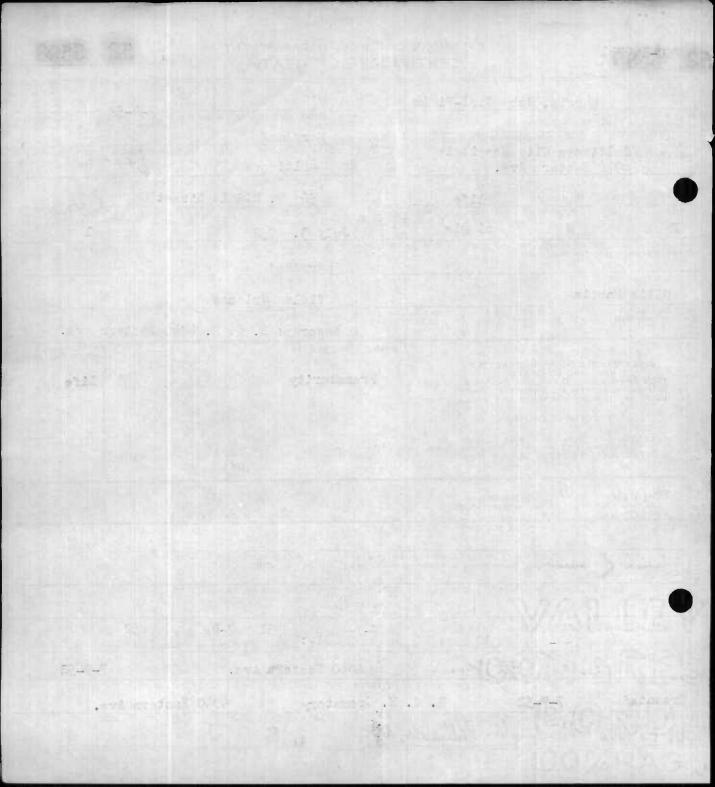
REGISTRAR'S SIGNATURE

24B. DATE

B. C. H. Crematory 25. FUNERAL DIRECTOR

4940 Eastern Ave.

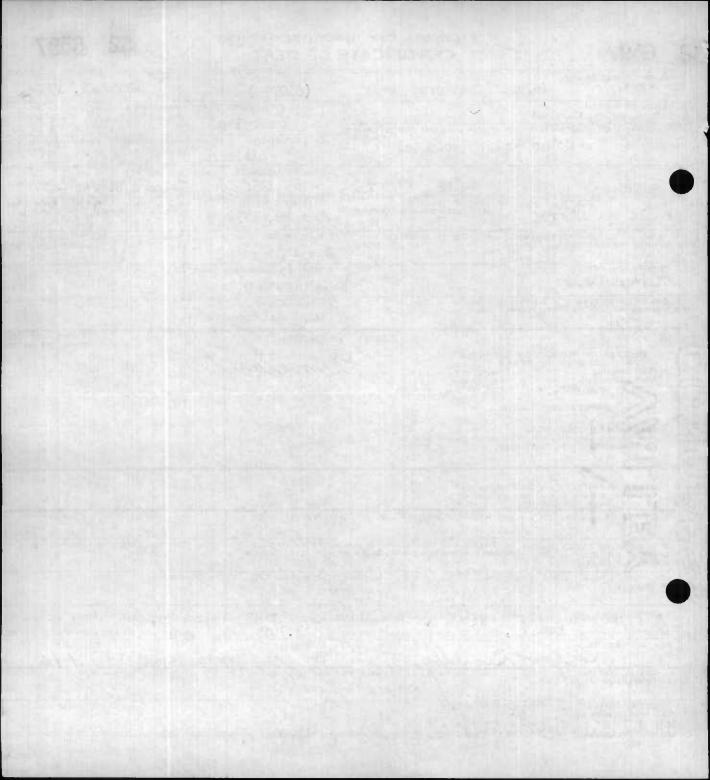
ADDRESS



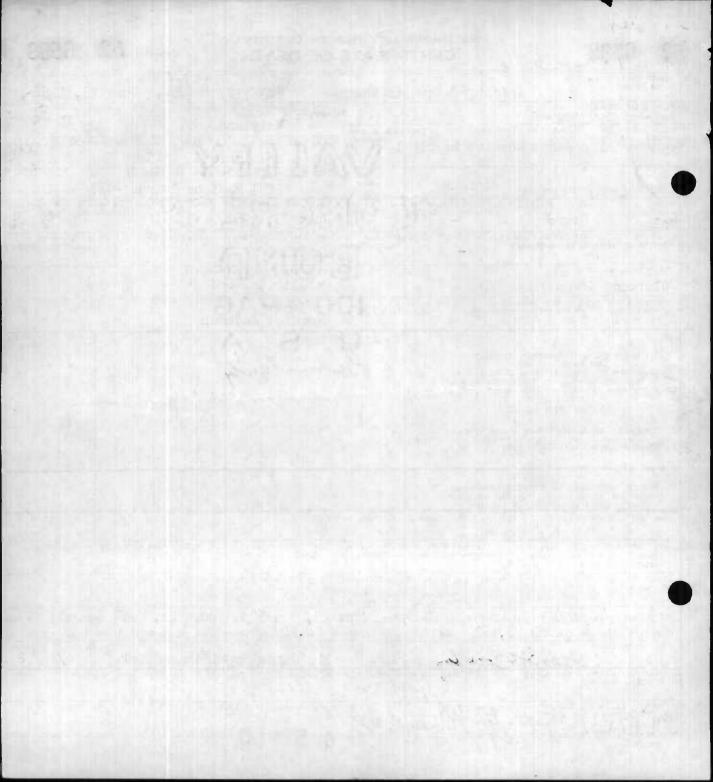
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 52. 6597

B	RTH NO.	52-15305		CERTIFICATI	E OF DEATH	registered-N	10.		
1. (T	NAME OF D 'ype or Print)	ECEASED Infan	t of Mi	ldred Brooks	(610779)	OF June	29, 1952		
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W		institution : residence before admission)		
8.	FULL NAME		al or institut	ion, give street address or	Maryland				
	SPITAL OR	The Johns Ho	pkins H	Hospital location)		E Total	s, write RUIAL and give township)		
				*	Baltimore		to wiship)		
			Inf	ant Yrs. Mos.	D. STREET ADDRESS (If i				
6	Length of s	tay in Baltimore 6. COLOR DR RACE		Days	8. DATE OF BIRTH	th Calhoun St			
	Female	Negro		E. MARRIED. 'ED, DIVORCED (Specify)	June 29, 1952	9. AGE (In years More last birthday)	Under 1 Year ff Under 24 Hours Min.		
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
				-	Maryland		WHAT COUNTRY?		
13	FATHER'S				14. MOTHER'S MAIDEN NA	ME			
	Clarence	e Koss			Mildred Brooks				
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records	A	DDRESS		
-	10 551			0.1105	-		INTERVAL BETWEEN		
	18. 776	X I	01000000	CAUSE	OF DEATH	,	DNSET AND DEATH		
		LEADING TO DEA	TH	+	rematurel		Marie Control		
	heart failu	heart failure, asthenia, etc. It means the disease,							
Jb.	injury or complication which caused death.) DUE TO								
U	ANTECEDENT CAUSES								
O	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************				
Ē	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO					
Ü				(C)					
CERTIFICATION		11							
R	OTHER S	IGNIFICANT CONDI	TIONS CON	l•					
Ü	TO THE D	SEASE OR CONDITION	CAUSING I	r					
4	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
CA	21. 10010		210 DI 4	CE OF INJURY (e. g., in	n or 21c. WHERE DID (I	f in Baltimore City, g	YES NO		
MEDICAL	LYING OF	ENT WAS UNDER. R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg., e	INJURY OCCUR?	t in Battimore City, g	ive exact location)		
7	21D. TIME	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURRI		OCCUR?			
			m.	WORK NOT WHILE					
	22. I hereb	u certifu that I att	ended the	deceased from Jur	ne 29, , 1952, to	June 20 . 1952	that I last saw the		
	deceased al	ive on June 29	1952	and that death occur	red at 11.10 Pn., from th	re causes and on th	e date stated above.		
	23A. SIGNA	TURE /	117		3B. ADDRESS		23c. DATE SIGNED		
		Kent,	Dus	ay M.D.	The Johns Hopki	.ns Hospital	7/2/52		
TIC	AA. BURIAL, CON, REMOVAL (S	Pecify)		HOSE DE	RY OF CREMATORY 24D. LC	OCATION (City, town,	or county) (State)		
D	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	RE I	25. FUNERAL DIRECTOR		ADDRESS		
	JUL 171	952 Hustin	ston /	Minne Max					
	VS 150	1/	19 5	San Carrie	0 3 7 6				

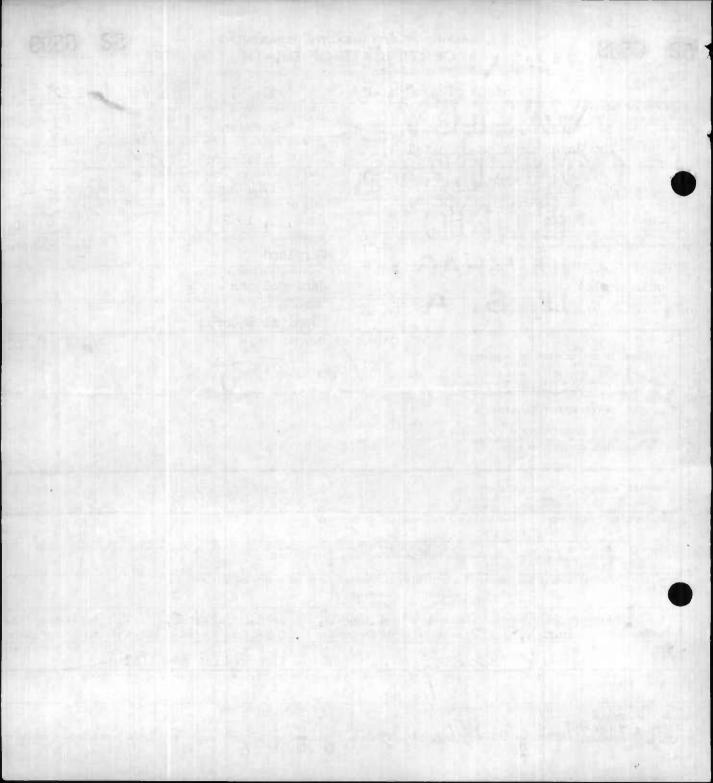


1-500 BALTIMORE CITY H	EALTH DEPARTMENT
TO CEAO	E OF DEATH Registered 12 6598
1. NAME OF DÉCEASED (Type or Print) Infant of Natalie Cowa	an (235712) 2. DATE. OF June 23, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION The Johns Hopkins Hospital	
Length of stay in Baltimore Infant Wrs. Mos. Days	D. STREET ADDRESS (If rural, gi location) 2241 Madison Avenue - 17
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Male Negro	June 23, 1952 9. AGE (In years of June 1 Year Months Days Hours Min. 2 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Clarence Cowan	Natalie Haywood
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Hospital Records
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rematurty
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR F INJURY WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from June deceased alive on June 23, 1952, and that death occur	ne 23, , 1952, to June 23, , 1952, that I last saw the cred at 4.20 Am., from the causes and on the date stated above.
23A. SIGNATURE Rend Bus ly M. D.	23B. ADDRESS The Johns Hopkins Hospital 6/26/52
TION, REMOVAL (Specify)	FRY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE HULLINGTON Williams, Mr.	25. FUNERAL DIRECTOR ADDRESS
VS 150	0 3 7 9



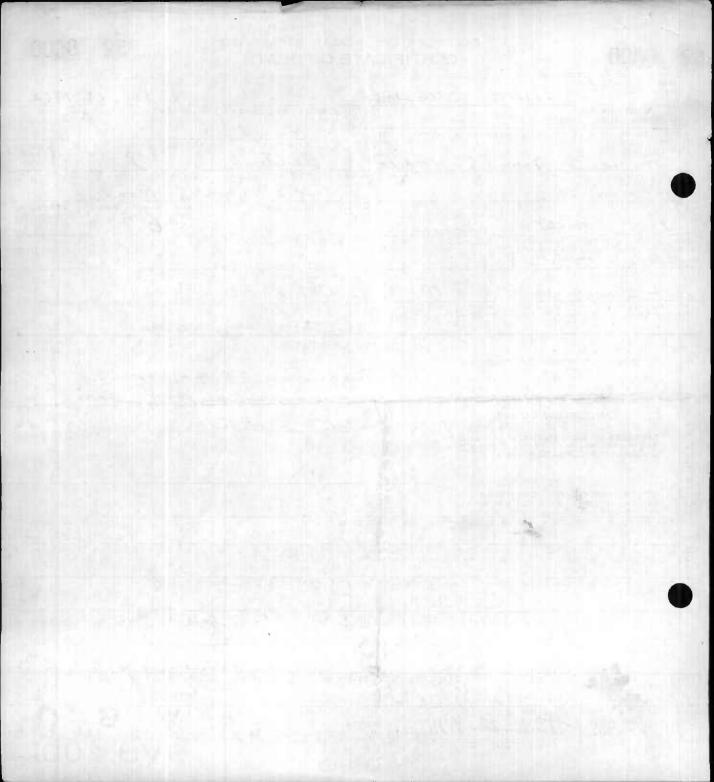
543 52 6599 153 07 CERTIFICATE OF DEATH Registered No. 6599

BIRTH NO. DX 1750							
1. NAME OF DECEASED (Type or Print)	nfant of Jane Hamlet	(393735)	2. DATE OF DEATH June	4, 1952			
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital OR INSTITUTION The Johns Hopk	l or institution, give street address or location) kins Hospital	A. USUAL RESIDENCE (What is a state Maryland of control of the con	nere deceased lived. If				
Cength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If re	ural, give location) h Smallwood	Street - 16			
Female 6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	June, 3, 1952	last birthday) Mo	ff Under 1 Year H Under 24 Hours on this Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?			
Louis Hamlet		Jane Coleman	ИE				
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	Hospital Records		DDRESS			
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	OIRECTLY H dying, e. g., s. the disease, used death.) ES ANY, GIVING STATING THE DUE TO (C)	rematurity		ONSET AND DEATH			
	B. MAJOR FINDINGS OF OPER			20. AUTOPSY?			
21D. TIME (Month) (Day) (Year) (Hour) PINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from June 3, , 19 52 that I last saw the deceased alive on June 1, , 19 52, and that death occurred at 6.10 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETER		S HOSPILGI	or county) (Stste)			
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR 100 17 1957 Lundington	SIGNATURE MS	25. FUNERAL DIRECTOR		ADDRESS			



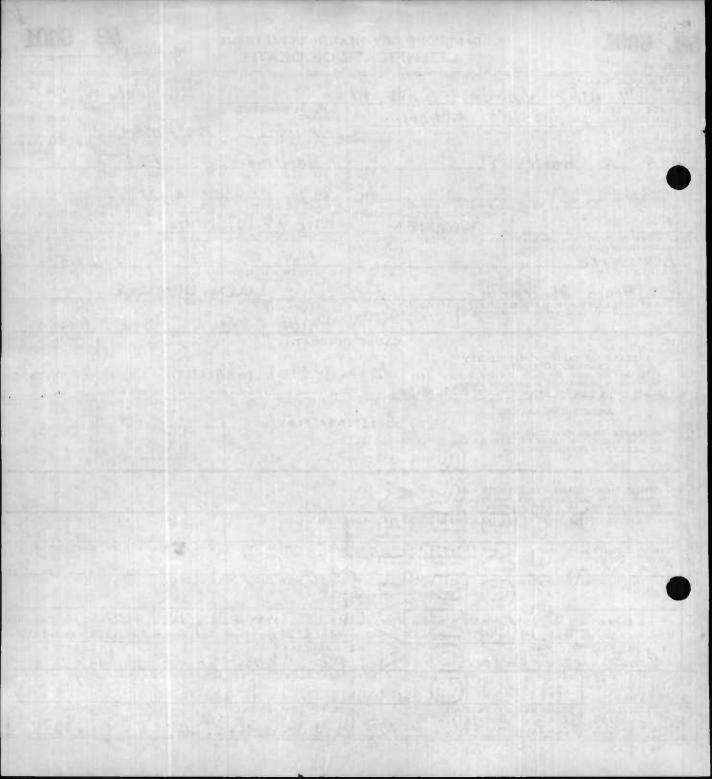
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 6600

BI	RTH NO.						
	NAME OF D ype or Print)	ECEASED 7:11	lie	Sussman		2. DATE OF DEATH Ju	lu 15'1952
3.	Baltimore (4. USUAL RESIDENCE A. STATE		
HO	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institut	ion, give street address or location)	c. CITY OR TOWN		mits, with RURAL and give
11	mari	plane ger	revel	Hospital	Ballemor	(10	township)
	0			45 Yrs.	D. STREET ADDRESS	(If rural, give location)
5	Length of s	tay in Baltimore	7 SING	E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years	s If Under 1 Year If Under 24 Hours
	F.	while-	WIDOW	VED, DIVORCED (Specify)	S. DATE OF BIRTH	last birth day)	Months Days Hours Min.
work	A, USUAL OC	CUPATION (Give kind of working life, even if retired	I IOB. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MAIDEN		
7	WA K	nown			not kuo	revu	
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARME (If yee, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	1. INFORMANT	1	ADDRESS
					Tertrede >	Jussman	v - Same
	18. 260	× . ,		CAUSE	OF DEATH		INTERVAL BETWEEN
	_	SE OR CONDITION					ONSET AND DEATH
	(This does	LEADING TO DEA		(A) Arters	ocherte ca	rdis-vasa	ula 10 yrs
	heart failu	re, asthenia, etc. It me	ans the diseas	se,	~ ~ ~		
	injury or			i.) Due 10 dese	ase e carac	me dienye	marin
_		ANTECEDENT CAU	SES	2	1.1- 2. 00'0	- 4	2/0 /20
6	DISEASE	S OR CONDITIONS,	IF ANY GIVE	(B) A) Late	-els mellel	64-7	13
Ē	RISE TO T	HE ABOVE CAUSE (A	STATING T				
O	ONDERE	ring condition t	A51.				
E		11		(C)	•••••••••••••••••••••••••••••••••••••••		
ERT	OTHER S	SIGNIFICANT COND	ITIONS CO	N -			
CE		TO THE DEATH, BUT			••••		
,				FINDINGS OF OPER	ATION		20. AUTOPSY?
A		7					YES NO
EDICA	21A. ACCIDE	NT, SUICIDE, (Specify)	21B. PL/	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	(If in Baltimore Cit	ty, give exact location)
E	HOMICIDE	(opecity)	about Home,	atio, factor J, street, omce mag., c	INSORT OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJU	RY OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I at	tended the	deceased from &	en 15 , 1952, to	Auly 15 15	952, that I last saw the
	deceased a	live on July 16	1962	deceased fromand that death occur	red at 3:45 Pm. from		n the date stated above.
	23A. SIGNA	TURE) \ 2	3B. ADDRESS	v and canada and a	23c. DATE SIGNED
	, 4	si Jui	d	Ce M.D.	maryland	General Ho	24 lele 16'tz
24	BURIAL,					ZOCATION (City, t	
119	weral	717-	V2	Mt Care	uel	Hall	Md
DA	ATE RECEIVE	D BY REGISTRAR	'S SIGNATI		5. FUNERAL DIRECTO	R 10 1	AODRESS
	JUL 171	952 Tunto	ington 1	Villacus Me	all topios	hie 2100	Certain 18
	VS 150		0	. 4 5 %/			



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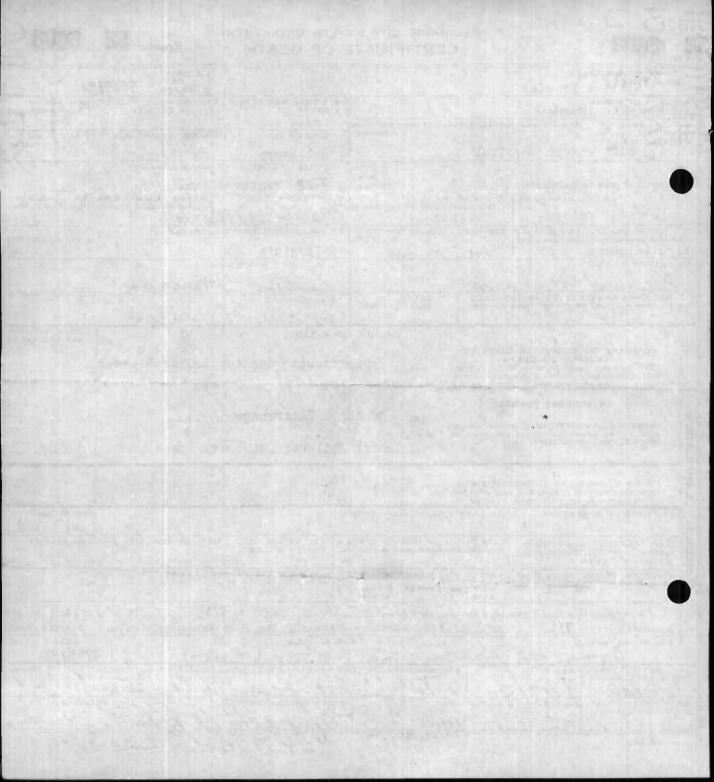
Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Alice Warder Garrett DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH 4545 N.Charles A. STATE B. COUNTY hefore admission) A Baltimore City, Maryland MANIADA B. FULL NAME OF (If not in hospital or institution, give street address or 2Al timore HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 45.45 N. Charles Yrs. p. STREET ADDRESS (If rural, give location) Mos. N. Charles c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Snecify) 9. AGE (In years | Under I Year | H Under 24 Hours last birthday) | Months Days Hours Min. 8. DATE OF BIRTH WIDOWED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 11.5.8. 14. MOTHER'S MAIDEN NAME Denjamin 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) MyocArdIA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) Arteriosclerosis CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPS) EDICAL 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? INJURY WHILE AT 195 to Jala 15 195 that I last saw the 22. I hereby certify that I attended the deceased from June deceased alive on July 14, 195, and that death occurred at 8:30 pm., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREAA-JION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY (State) REMATION ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered 52 6602

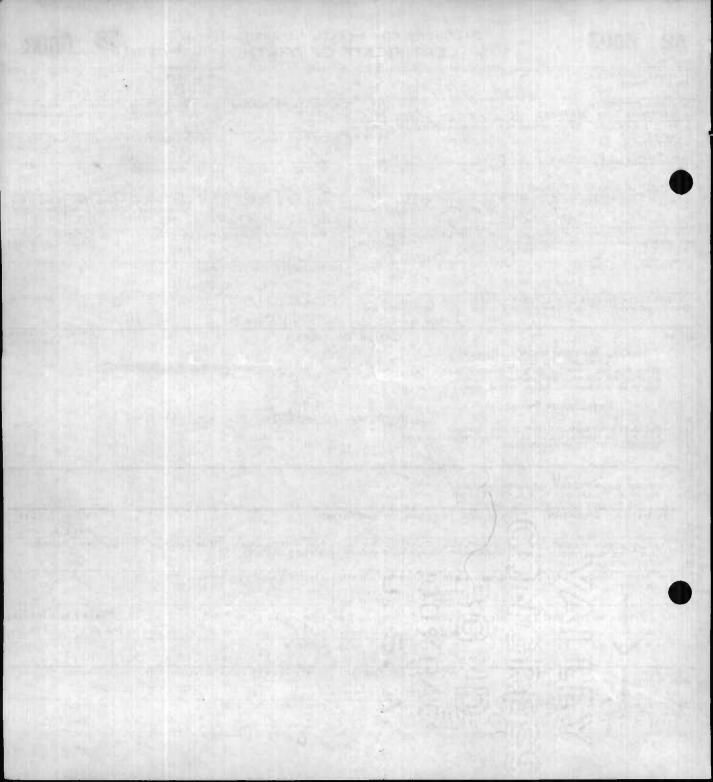
BI	RTH NO.			CERTIFICATI	E OF DEATH	- Registered	1-140
	NAME OF D	ECEASED				2. DATE	
(T	ype or Print)	liam Frazier				OF 7	/15/52
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
-	FULL NAME		al or institut	ion, give street address or	Maryland	B. COONTY	Defore aumission,
H	SPITAL OR			location)	C. CITY OR TOWN	(If outside corp rate) in	mits, write RURAL and give
- 11		at Joseph Hos	pital		Baltimore	16	township)
11	-			54 Yrs.	D. STREET ADDRE	SS (If rural, give location)	ALL VIEW TEN
	ength of s	tay in Baltimore		Mos. Days	2422 Brent	wood Ave.	
5.	SEX	6. COLOR OR RACE		E, MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH		Months: Days Hours Min.
I	nale	Colored	Marr		March 23	1885 67	Days Hours Ann
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
	ightwatch		Parrin	INDUSTRY	Virginia		WHAT COUNTRY?
	FATHER'S			CANJTO	14. MOTHER'S MAI	IDEN-NAME	
	Keelen	11 ay 100	-1000		Luna	1 Muga	
15	. WAS DECEASE	D EVER IN U.S. ARMET	FORCES?	16. SOCIAL	17 INFORMANT	francos	ADDRESS
(Ye	i, no or unknown)	(If you, give war or date	of service)	SECURITY NO.	(Innais	7 nance	ADDITESS
	18. 11.1			CAUCE	OF DEATH	1 Junguer	INTERVAL BETWEEN
	47.	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEAT	TH	Hyne	ertensive Cor	diovascular Dis	222
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the diseas	e, (A)			
	injury or	complication which c	aused death	.) DUE TO			
		ANTECEDENT CAUS	ES	dama1	ma7 Transmille		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) Cerebral Hemorphage						
Ě		HE ABOVE CAUSE (A)					
Ü				(c)Heart	Failure; Pul	monary Edema	***************************************
RTIFICATION		-11					
2		IGNIFICANT CONDI					
CE		ISEASE OR CONDITION					
J	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V					Late waters of	o de la pari	YES NOX
1EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm,factory,street,office bldg.,			y, give exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	PINSORT		m.	WHILE AT NOT WHILE			
	22 I harah	y certify that I att		_	//13/ 1952	, to 7/15 , 19	52 that I last say the
deceased alive on \$\frac{7}{15}\$, 1952, and that death occurred at 6:40 Pm., from the causes and on the date stated 23A. SIGNATURE 23C. DATE S							
	Q	Looke he	Kra	Ser M. D.	St. Joseph	Hospital	7/1 5/52
24	A. BURIAL	CREMA- 24B. DATE	/	AC NAME OF CEMETE		24D. LOCATION (City to	wn, or county) (State)
"	DILLA CAL	7/19/	52	net ("	mulen	(1 G. C)	unly The
	ATE RECEIVE		SSIGNATU	IRE	25. FUNERAL DIRE	EGTOR, OCC	ADDRESS
L	DCAL REGIST	RAR 052 H A:	+ 1	1111	Mus V.	11/19/11	De Mudet
=	77-1-1	ald Juntin	glow &	Aliana M	1100 H	in y went	No many
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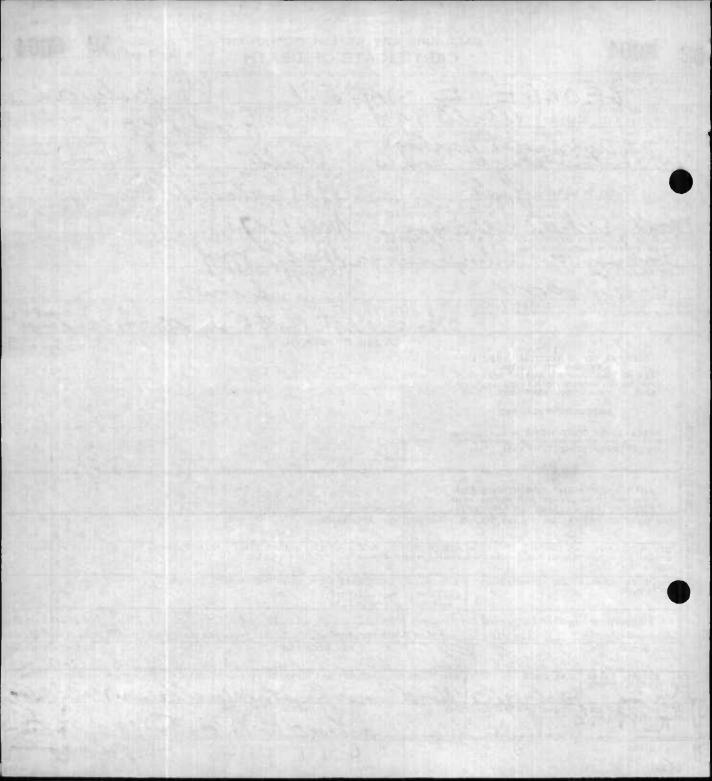
BII	RTH NO.			CERTIFICATI	E OF DEATH	registered.	
1. NAME OF DECEASED						2. DATE	
(T)	pe or Print)	Frederic	ck.	Ida. C.		OF DEATH 7	-15-52
	3. PLACE OF DEATH: A. Baltimore City, Maryland B2/to. Md.				4. USUAL RESIDENCE (W	here deceased lived, II	f institution: residence before admission)
HC	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside cornerate limi	ts, write RURA, and give
0	outh B	altimore 6	2ener	al Hosp.	Baltimore	4:3	township)
		4 1 20 341		Yrs. Mos.	D. STREET ADDRESS (If I	1 0	
5.	ength of s	tay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
	F	W	WIDOW	ED, DIVORCED (Specify)	JULY 21, 1878	last birthday) M	onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	SEWI		CI	-OTHING	BALTIMORE	E, MD.	WIIAI GOGITIA
13	FATHER'S			(M)/	14. MOTHER'S MAIDEN NA		
		UNKNOU	NN		UNKA	rown	
15 (Yes	, was DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	_	_		215-01-2982	MRS, BERTHA BUCI	K 33 E. HA	MBURG ST
	18. 421	. 1		CAUSE	OF DEATH		DNSET AND DEATH
	DISEA	SE OR CONDITION					
	(This does	LEADING TO DEA	f dying, e. g	(A) Counc	My occhisim c	my ocardial my	and
		re, asthenia, etc. It mea complication which)		
		ANTECEDENT CAUS	FC				
z		(B) Hyperturany Cardio - Voscular distarl					
TIO		S OR CONDITIONS, I		G V			
AT		YING CONDITION LA		(c) Leulla	hud ateus sch	eroses	
FICA					J		
RTII	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
Ш	TRIBUTING	S TO THE DEATH, BUT	NOT RELATE	Ö			
U				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0	3797.2				YES NO
EDICAL	LYING O	ENT WAS UNDER.		CE OF INJURY (e. g., i erm,factory,street,office bldg.,		f in Baltimore City.	give exact location)
Σ	CAUSE OF	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
r	F INJURY	(month) (Day) (Ital)		WHILE AT NOT WHILE			
			m.	WORK AT WORK	. 6 7 7 .	7-15 100	^7.1.71
		y certify that I at	tended the	deceased from	red at 12:18 p., to	, 195	S.Z.that I last saw the
	deceased a		_, 19		23B. ADDRESS	ne causes and on	23c. DATE SIGNED
	ZJA, SIGNA	David O	· me	reads.	South Kall. Ise	in . I m nital	
24	IA. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town	n, or county) (State)
TIC	BURIA	1 110	7/50	COAK LAU	NN EA	ISTERN AVE	NUE
D	TE DECEIVE	D BY I DECISTRAD	SSIGNATI	JRE	25. FUNERAL DIRECTOR		ADDRESS
Lo	CAL REGIS	7857 Huntin	ston 1	Misus Mo	- JOHN F. DENA	Jy/1/10. 71	5LIGHT ST
=	7011	1004	1		6600	//	2.
	VS 150		1	690	46		-30
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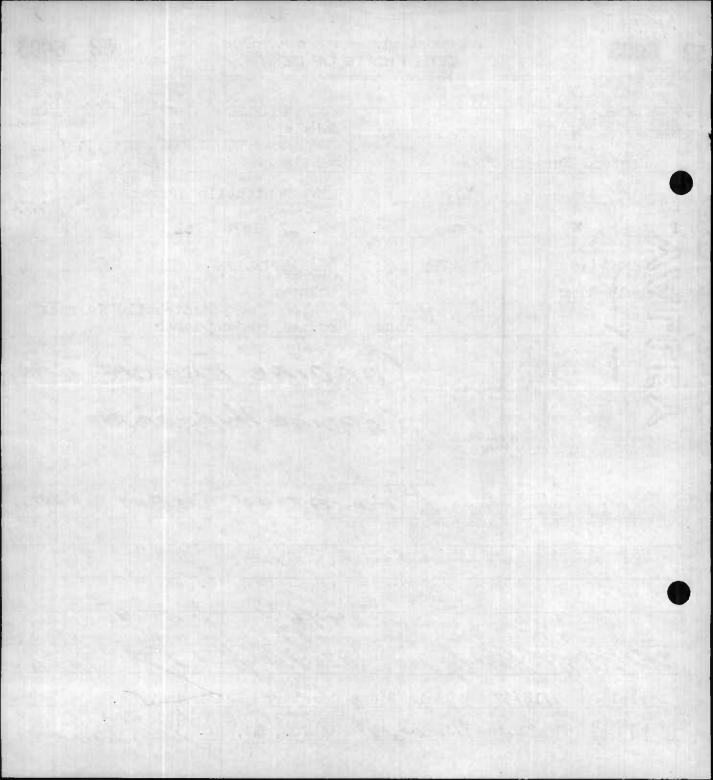
ВІ	RTH NO.	CLICITIC	ALE OF BEATTI		
(T	NAME OF DECEASED PROPERTY OF Print) GEORGE	E S	MITH	2. DATE OF DEATH	ly 12 /52
Α.	Baltimore City, Maryland Ba	lo ma	A. USUAL RESIDENCE	E (Where deceased lived, If	in fitution: residence before admission)
H	FULL NAME OF (If not i) hospital or institution (If	ution, give street addr	ess or	(If outside corporate limit	, write RUKAL and give township)
7	410 chart places		Yrs. D. STREET ADDRESS	(If rural, give location)	
	Length of stay in Baltimore		Mos. 1913 Cul	and place	
2	rale White Whi	WED, DIVORCED (S	SUS 1.183.	3 last birthday Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of one during post of working life, even if retired)	INDU	STRY RALE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	MENSUN		14. MOTHER'S MAIDE	NAME	
15 (Ye	. WAS DECESED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY	NO. 17. INFORMANT	AI	DORESS and
		212-14-1	8 70 A Talkotto K	Smit 677/	NTERVAL BETWEEN
	18. 286, 5 I DISEASE OR CONDITION DIRECTLY		SE OF DEATH		ONSET AND DEATH
	(This does not mean the mode of dying, e.	g., (A)	malnutrition	***************************************	sev weeks
	heart failure, asthenia, etc. It means the dises injury or complication which caused deat	th.) DUE TO			
	ANTECEDENT CAUSES				
TION	DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T	(B) ING THE DUE TO	•••••••••••••••••••••••••••••••••••••••	>>>>> ^{>} *******************************	••••••
CAT	UNDERLYING CONDITION LAST.	(C)	***************************************		***************************************
RTIFICA	11			EVELORES CONT.	
CERT	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	TED	cardiac weakness	5	?
AL	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF	OPERATION		20. AUTOPSY?
MEDICA	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home	LACE OF INJURY e, farm, factory, street, office	(e. g., in or 21C. WHERE DID bebldg,,etc.) INJURY OCCUR?	(If in Baltimore City, g	rive exact location)
-	FINJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCC	CURRED 21F. HOW DID IN	JURY OCCUR?	
	22. I hereby certify that I attended th	e deceased from_	July 1 , 19 52, to	o July 12 , 19 5	that I last saw the
	deceased alive on July 1019 52	. and that death		om the causes and on tl	
	23A. SIGNATURE	oole M.	238. ADDRESS b. 2431 Maryla	nd Avenu	23c. DATE SIGNED 7-17752
2	4A. BURIAL, CREMA- 24B. DATE N. REMOVAL (Specify)			4D. LOCATION (City, town,	
1	ATÉ RECEIVED BY A REGISTAR'S SIGNAT	Monda	25. FUNERAL DIVECT	Usodlaun	ADDRESS
1	CAY REGISTRATO	1/113	PaidPy	Martine) 19	12. Entre
=	VS 150	Holder A	C. C.	1	1000



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 52 6605

-	RTH NO.			ERIFICAL	E OF DEATH	Registered No	0000
	NAME OF D	ECEASED				2. DATE	
	ype or Print)	MARY LOUIS	E WILSO	N		OF July	15, 1952
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. usual residence (\\ Maryland		
H	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)					outside corporete limi s,	writ VIII AL and give
IN	Ha rí	ord Nursin	g Home		Baltimore	21	township)
				Yra. Mos.	D. STREET ADDRESS (If	,	
		tay in Baltimore	Li	Le Days	3223 Montebel		
5.	F	6. COLOR OR RACE		D, DIVORCED (Specify	Feb. 17, 1870		ths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108 KIND C	F BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 1	2. CITIZEN OF
WOL	0.0	ewife	at he	INDUSTR	Baltimore, Mo	T	JSA
13	FATHER'S		40 22	OMO	14. MOTHER'S MAIDEN N		, Wax
	Leopol	d Gimm			Unknown		
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 3223		descrace
	No			none	Mrs. Ellen Rea	apsomer	
	18. 434	4.3		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION			00.00	· · · ·	1/ 1/ 1/00
	(This does	LEADING TO DEA	of dying, e.g.,	(A)	ROINE I	414 UM	4-1402
	injury or	re, asthenia, etc. It mea complication which	caused death.)	DUE TO			
		ANTECEDENT CAUS	EEC		1/		
-					00.00 661	10-07	0000
6				(B) (A)	ROIRC HY	PERTOP	ry
TION	RISE TO T	S OR CONDITIONS, 1	F ANY, GIVING STATING THE	(B)	ROIAC HY	PERTOPH	ry
CATION	RISE TO T		F ANY, GIVING STATING THE		ROIAC /FY	PERTO M	
FICATION	RISE TO T	HE ABOVE CAUSE (A)	F ANY, GIVING STATING THE		ROISC /FY	PERTOM	
RTIFICATION	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE AST.	DUE TO			
RTIFICA	OTHER S	HE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI S TO THE DEATH, BUT	F ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED	DUE TO	ROIAC /FY		1110.
CERTIFICA	OTHER S TRIBUTING	HE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION TO THE DEATH, BUT SISSASE OR CONDITION	F ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED I CAUSING IT.	DUE TO	LIBTIUE		/ #10.
CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O	HE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	F ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F	(C)	LIB TIUE	DE RM	YES NO
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O	HE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION TO THE DEATH, BUT SISSASE OR CONDITION	F ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED IC CAUSING IT. 9B. MAJOR F	(C)	RATION in or 21c, WHERE DID (YES NO
CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE	HE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION ENT. SUICIDE.	F ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F	(C) FINDINGS OF OPE E OF INJURY (& E.	RATION in or 21c. WHERE DID (etc.) INJURY OCCUR?	DERMI	YES NO
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O	II SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF (Specify)	F ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farr (Hour) 21	C)	RATION In or 21c. WHERE DID (o.tc.) INJURY OCCUR? RED 21F. HOW DID INJUR	DERMI	YES NO
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE 1D. TIME (F INJURY)	II SIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION OF OPERATION OF (Specify) (Month) (Day) (Year)	ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farm	E INJURY OCCURF	RATION is or 21c. WHERE DID (10.0c.) INJURY OCCUR? RED 21F. HOW DID INJUR	DERMI	YES NO Ve exact location)
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE 1D. TIME (F INJURY) 22. I hereb	II SIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION OF OPERATION OF OPERATION (Specify) (Month) (Day) (Year)	F ANY, GIVING STATING THE ST. ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farr (Hour) 21 WH m. WH ended the defined the defined the defined the defined the defined state of the defined the defi	CO CONTROL OF THE AT WORK CECASE OF TO THE AT CONTROL OF THE AT WORK CECASE OF THE AT WO	RATION in or 21c, WHERE DID (inJURY OCCUR? RED 21f, HOW DID INJUR	If in Baltimore City, given on the control of the c	ve exact location) that I last saw the
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE 1D. TIME (F INJURY) 22. I hereb deceased al	II SIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION OF OPERATION OF (Specify) (Month) (Day) (Year) W certify that I att live on 7	F ANY, GIVING STATING THE ST. ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farr (Hour) 21 WH m. WH ended the defined the defined the defined the defined the defined state of the defined the defi	E OF INJURY (c. g., m, factory, street, office bldg. E. INJURY OCCURF ILE AT NOT WHILI ORK AT WORK eceased from dd that death occur	RATION in or 21c. WHERE DID (100c.) INJURY OCCUR? RED 21f. HOW DID INJUR 1946, 19 , to 11 rred at 22 m., from	If in Baltimore City, given on the control of the c	ve exact location) That I last saw the edate stated above.
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE 1D. TIME (F INJURY) 22. I hereb	II SIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION OF OPERATION OF (Specify) (Month) (Day) (Year) W certify that I att live on 7	F ANY, GIVING STATING THE ST. ITIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farr (Hour) 21 WH m. WH ended the defined the defined the defined the defined the defined state of the defined the defi	E OF INJURY (c. g., m, factory, street, office bldg. E. INJURY OCCURF ILE AT NOT WHILI ORK AT WORK eceased from dd that death occur	RATION in or 21c, WHERE DID (inJURY OCCUR? RED 21f, HOW DID INJUR	If in Baltimore City, given on the control of the c	ve exact location) that I last saw the
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE 1D. TIME (F INJURY) 22. I hereb deceased al 23A. SIMA	II SIGNIFICANT CONDITION LA STOTHE DEATH, BUT USEASE OR CONDITION OF OPERATION OF (Specify) (Month) (Day) (Year) We certify that att live on 2	TIONS CONNOT RELATED CAUSING IT. 218. PLAC about home, farr (Hour) 21 (Hour) 21 m. WH m. we needed the de-	CO	RATION in or 21c. WHERE DID (otc.) INJURY OCCUR? RED 21f. HOW DID INJUR 19 , to 10 mred at 2 m., from 1238, ADDRESS	If in Baltimore City, given on the control of the c	ve exact location) that I last saw the adate stated above.
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE 1D. TIME (F INJURY) 22. I hereb deceased al	II SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION OF (Specify) (Month) (Day) (Year) We certify that att Live on 248. DATE Decify)	F ANY, GIVING STATING THE ST. ITIONS CONNOT RELATED A CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farr (Hour) 21 m. W rended the decay.	E OF INJURY (e.g., m, factory, street, office bldg. E. INJURY OCCURF ILE AT NOT WHILI FORK NOT WHILI FORK NOT WHAT At WORK eceased from dd that death occu	RATION in or 21c. WHERE DID (o.c.) INJURY OCCUR? RED 21F. HOW DID INJUR 21F. HOW DID INJUR 21F. HOW DID INJUR 21F. HOW DID INJUR 22F. HOW DI	If in Baltimore City, given the causes and on the Cocation (City, town, on timore, Md.	ve exact location) that I last saw the adate stated above. 23C. DATE SIGNED or county) (State)
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE 1D. TIME (F INJURY) 22. I hereb deceased al 23A. SIMA 4A. BURIAL, (ON) REMOVAL (S) DUP1A. ATE RECEIVE	II SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1 ENT. SUICIDE, (Specify) (Month) (Day) (Year) We certify that att live on 7/18 D BY REGISTRAF	F ANY, GIVING STATING THE ST. ITIONS CONNOT RELATED A CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farr (Hour) 21 m. W rended the decay.	E OF INJURY (e.g., m, factory, street, office bldg. E. INJURY OCCURF ILE AT WORK eceased from ad that death occur oc. NAME of CEMET. Oruid Ridge	RATION in or 21c. WHERE DID (obc.) INJURY OCCUR? RED 21f. HOW DID INJUR 21f. HOW DID INJUR 23B. ADDRESS ERY OR CREMATOR 24D. L. Cemetery Bal	If in Baltimore City, given the causes and on the Cocation (City, town, on timore, Md.	ve exact location) that I last saw the adate stated above. 23C. DATE SIGNED or county) (State)
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE DESCRIPTION OF THE DESCRIPT	II SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1 ENT. SUICIDE, (Specify) (Month) (Day) (Year) We certify that att live on 7/18 D BY REGISTRAF	TIONS CONNOT RELATED CAUSING IT. 218. PLAC about home, farr (Hour) 21 WH m. WH gended the de 19 67	E OF INJURY (e.g., m, factory, street, office bldg. E. INJURY OCCURF ILE AT WORK eceased from ad that death occur oc. NAME of CEMET. Oruid Ridge	RATION in or 21c. WHERE DID (NUMBER) RED 21f. HOW DID INJURE 22f. Language 24d.	If in Baltimore City, given the causes and on the Cocation (City, town, on timore, Md.	ve exact location) that I last saw the adate stated above.

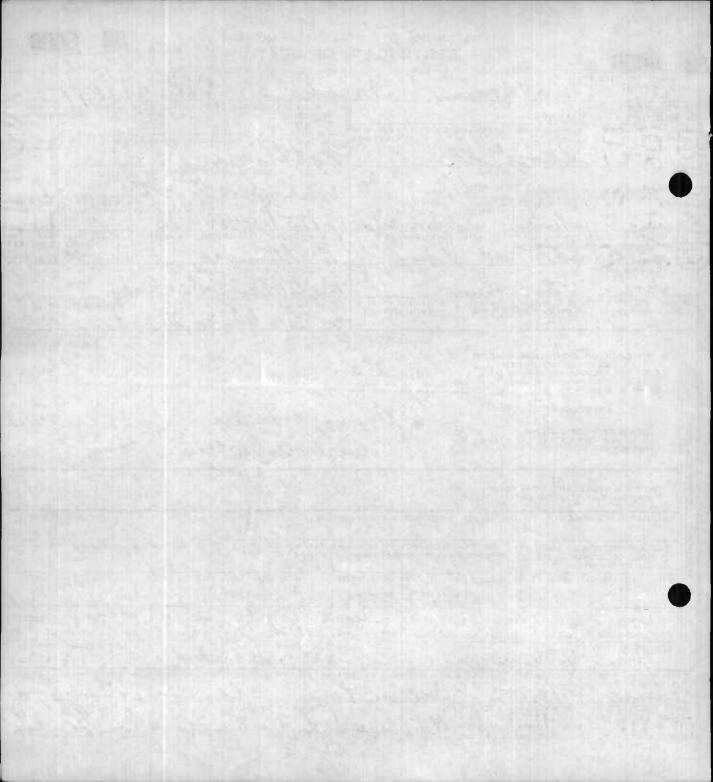


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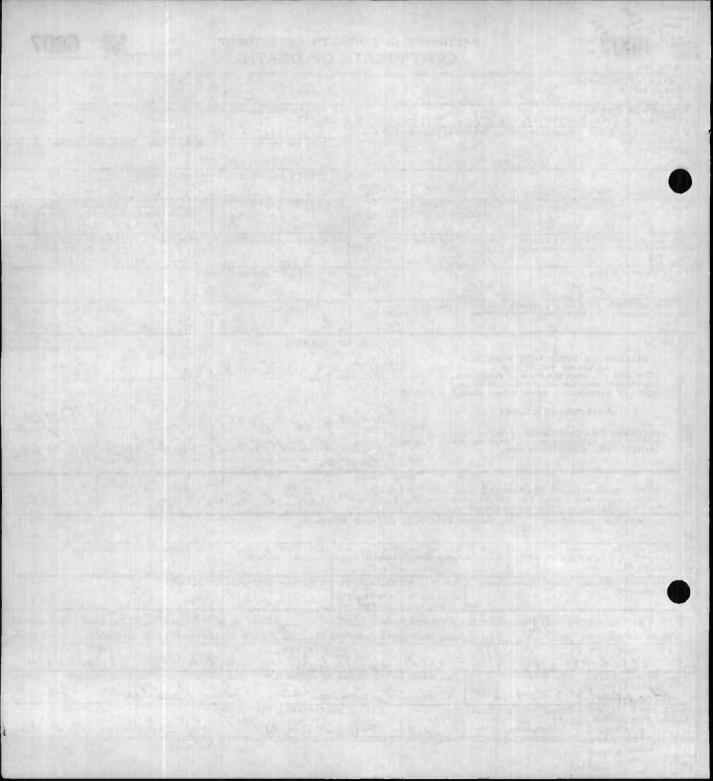
BALTIMORE CITY HEALTH DEPARTMENT

52 6606

2 IF	THE OF		С	ERTIFICAT	E OF DEATH	Registered	No.
1. (Ty	NAME OF Dope or Print)	Plat	herin	2 Dr	esham	2. DATE OF DEATH	16/52
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDEN	CE (Where deceased lived, B. COUNTY	If institution: residence before admission)
HO	ULL NAME SPITAL OR TITUTION	OF (If not in hospit	al or institution	, give street address or location)	c. CITY OR TOWN,	(If outside corporate in	nite waite CIP AL and give township)
	ength of si	tay in Baltimore	Ly	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	
700	male	6. COLOR OR RACE	WIDOWER	MARRIED, D. DIVORCED (Specify)	12/25/18	75 76	If Under 1 Year Months Days Hours Min.
2	one during most o	CUPATION (Give kind of I working life, even if retired)	at)	F BUSINESS OR INDUSTRY	Baltin	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	John	n Bo	ehm		Matelda	Sellma	ın.
(Y)	no or naknown)	D EVER IN U. S. ARME (If you, give war or date	of service)	6. SOCIAL SECURITY NO.	m Frank	lin 2 Dres	Lam Scott
	18. 42	0.1		CAUSE	OF DEATH		ONSET AND DEATH
	(This does heart failu	EE OR CONDITION LEADING TO DEA' not mean the mode or, asthenia, etc. It mes complication which	TH of dying, e. g., ons the disease,	(A) Use	mia	•	4 days
ICATION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	F ANY, GIVING STATING THE	(B) Chre	nic hepler	tis arterior	leva 2 years
CERTIFI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
1	19A. DATE O	F OPERATION	98. MAJOR F	INDINGS OF OPE	RATION	ULT TO THE TANK	20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING		E OF INJURY (c. g., a,factory,street,office bldg.,			, give exact location)
Σ		(Month) (Day) (Year	WHI	E. INJURY OCCURR LE AT NOT WHILE ORK AT WORK		NJURY OCCUR?	
	deceased al	live on Ry N	tended the de	ceased from Q d that death occu	pril 14, 1951, 195	to rely 16, 19 ron the Auses and on	52, that I last saw the the date stated above.
	23A. SIGNAT	w G. Wile	er J	м. о.	122) Wach.	Blud	23c. DATE SIGNED 716-52
DA	N, REMOVAL (S TE RECEIVE CAL REGIST	D BY REGISTRAR	S SIGNATURE Lington	sostern ?	26. FUNERAL DIRECT	Edmondoon	ADDISS STATE
	VS 150		of O most go	1	6 6/0 3		

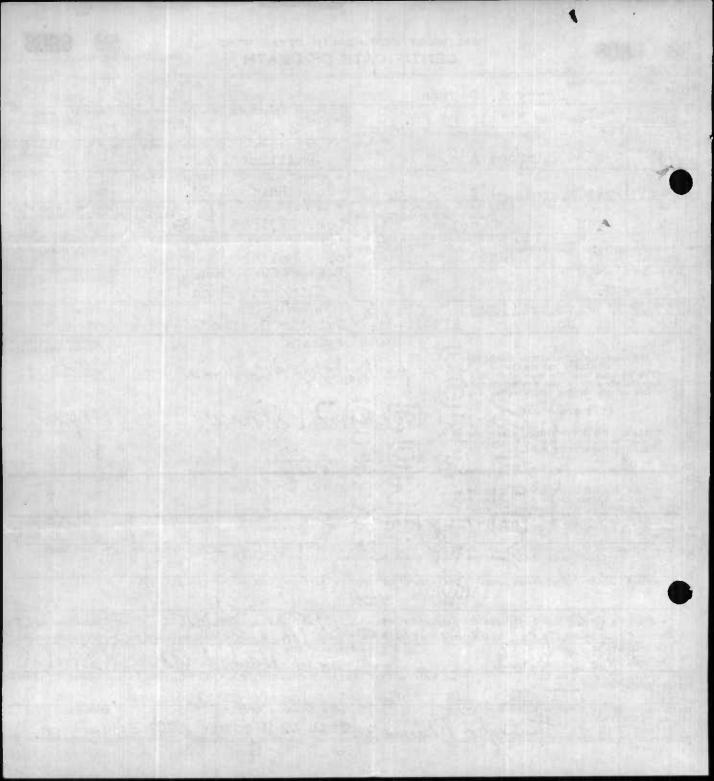


52	6607 TRILLING	BALTIMORE CITY HE	EALTH DEPARTMENT X	Registered No	6607
1.	NAME OF DECEASED Sister	Many Vavia	n O'Tea 2	DATE 0F 17 16	5-5-9
Α.	PLACE OF DEATH: Baltimore City, Maryland 6420	Reistenstowirka	4. USUAL RESIDENCE (Where	DEATH e deceased lived. If instit B. COUNTY	ution: residence before admission)
H	FULL NAME OF (If not in hospital or in DSPITAL OR STITUTION	nstitution, give street address of location)	C. CITY OR TOWN (If outs	ide corporate limits, wri	te RURAL and give township)
	THE JEION	LNSTITIE Yrs.	nn 1 d	l, give location)	
-	Zength of stay in Baltimore 7 SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED.	8. DATE OF BIRTH 9.	AGE (In years Under last birthday) Months!	
	A. USUAL OCCUPATION (Give kied of 10B.	SING PE KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig		TITIZEN OF
0	athoric Sisten FATHER'S NAME	Peligious) INDUSTRY	Washington, S 14. MOTHER'S MAIDEN NAME	9.C. U.	S. 2.
	Patrick J. O	Dear	anna a. Joben		
(Ye	WAS DECEASED EVER IN U.S. ARMED FORG	(CES7 16. SOCIAL SECURITY NO.)	Seton Institute.	6420 Restor	town Rds.
TIFICATION	18. 120.1 DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING NG THE COLOR (C) CO	of DEATH MARY FOCUSE'ST AND SOLVENIS AL RIPHIBORINA		10 years
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATED 19000	on with enterroce	ins	10 years
CAL		AJOR FINDINGS OF OPER			YES NO
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	B. PLACE OF INJURY (e. g., i t bome, farm, factory, street, office bldg.,		Baltimore City, give e	xact location)
	*ID. TIME (Month) (Day) (Year) (Hour F INJURY	r) 21E. INJURY OCCURR m. WHILE AT NOT WHILE AT WORK		CCUR?	
	22. I hereby certify that I attended decased alive on July 16. 19	d the deceased from 12, and that death occur	1. 219 42,10 Ju	causes and on the do	at I last saw the stated above. C. DATE SIGNED 16. 52
TI	A. BURIAL, CREMA- DN. REMOVAL (Specifo)	24c. NAME OF CEMETE	RY OR CREMATORY 24b, LOCA	TION (City, town, or co	(State)
	ATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	Calmer	ele ho
	VS 150	078	sw		



52 6608

56 5608 `	CERTIFICAT	E OF DEATH	Registered No.	0000
1. NAME OF DECEASED (Type or Print) Harry A.	Goetze		2. DATE OF JULY	15,52
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt1 B. FULL NAME OF (If not in hospital or ins		4. USUAL RESIDENCE (WA. STATE		
HOSPITAL OR INSTITUTION 2644 Harford	Iocation)	c. CITY OR TOWN (If	outside corporate limits y	rite HURAL and give township
Cength of stay in Baltimore Lif	Yrs. Mos. Days	D. STREET ADDRESS (If 2644 Harford		
WII	NGLE. MARRIED. DOWED, DIVORCED (Specify) PP10d	8. DATE OF BIRTH Oct. 17, 1883		ler l Year If Under 24 Hours ns: Days Hours Min.
work done during most of working life even if retired)	e Dep. Trust (11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
Henry H.	BANK	14. MOTHER'S MAIDEN NA Elizebeth Ba		
(Yes, no or unknown) (If yes, give war or dates of service NO	16. SOCIAL SECURITY NO. 213-10-3640	I7. INFORMANT Estelle Goetze		ress rd Rd
DISEASE OR CONDITION DIRECTION TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the d	TLY Supplemental And Allen	etatic Premmo	ua	interval Between onset and death 2 days
injury or complication which caused of ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, OF FRISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	GIVING (B) Can	Kinson Disease	•	years.
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSII	LATED			
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	PLACE OF INJURY (e. g., i nome, farm, factory, street, office bldg.,		f in Baltimore City, give	e exact location)
FINJURY (Month) (Day) (Year) (Hour)	2 IE. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
22. I hereby certify that I attended	the deceased from	195019_, to far rred at 7Am., from t		that I last saw th
23x. SIGNATURE E. White	м. р.	5214 Harby	d ad. 1	DATE SIGNED
24A. BURIAL CREMA- TION REMOVAL (Specify) Burial 7/17/52	Immanuel	Bal	timore Md.	
DATE RECEIVED BY REGISTRAR'S SIGN LOCAL REGISTRAR	en Williams. M	25. FUNERAL DIRECTOR Paul A. Heeman		ford Rd.
VS 150	390	4/605		



52 No 6609

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6609 Registered No.

BI	RTH NO.	,					
1. (T	NAME OF D		b Geor	rge Muhly		2. DATE OF DEATH JULY	11 52
3. A.	PLACE OF D Baltimore	City, Maryland B	altimo	ore Md.	4. USUAL RESIDENCE A. STATE	CE (Where deceased lived, I Balto.	f institution: residence before admission)
	FULL NAME	OF (If not in hospital	al or institut	tion, give street address or location)			17
IN	STITUTION	29 E. We	0+ 9+		C. CITY OR TOWN		is, write RURAL and give township)
	100	29 E. WE	S 6 D 6,	Yrs.	Baltimore	Let 4	
		tay in Baltimore	Life	Mos. Days	29 E. West	(If rural, give location)	
5.	MKF.	6. COLOR OR RACE	7. SINGL WIDOV Ma.	E. MARRIED, VED, DIVORCED (Specify) Cried	8. DATE OF BIRTH	9. AGE (In years Last birthday) M	if Under 1 Year on the Days Hours Min.
10 work	A. USUAL OC	CUPATION (Glyakind of		OF BUSINESS OR	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF
	Re	of working life, evan if retired)	Whosa	ale Paper	Baltimore	Md.	WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDE	EN NAME	
		rge Muhly			Babara Fis	sher	
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
,	No	(If yea, give war or dates		21250312954	Mrs. Clara M		West St.
	(This does	SE OR CONDITION LEADING TO DEAT is not mean the mode our, asthenia, etc. It mean complication which completely completely with the completely complet	f dying, e. 1 ns the diseas aused death	z., (A) le	DE DEATH LEBRAL TA	hromboris	ONE WEEK
CERTIFICATION	UNDERLY	S OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LAS	ANY, GIVIN STATING TH	(C)			
ER	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT I	NOT RELATE	D			
			10	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO
1EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home,	ACE OF INJURY (e. g., in farm, factory, atreat, office bldg., e	or 21c, WHERE DID to.) INJURY OCCUR?	(If in Baltimore City,	
Σ	21D. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE	21F, HOW DID IN	JURY OCCUR?	
	22 1 1		m.	WORK AT WORK	101. 15 153a	0.0.0.0.0	
	deceased at	y certify that I att		and that death occur	19 7		that I last saw the
	23A. SIGNA		1199 24		3B. ADDRESS	om the causes and on t	Ac. DATE SIGNED
		Harrel	Cata	7 . M.D.	517	Cott 81	July 15/52
24 TIC	A. BURIAL ON REMOVAL (S Burial	DREMA- 248. DATE		24C. NAME OF CEMETE		4D. LOCATION (City, town	
D4	TE RECEIVE	D BY REGISTRAR'S		Immanuel Cer		Baltimore Md	
	CAL REGIST		iglor		Paul A. Heen	гов 16nn 6 6067 На	rford Rd.
	1/0 150				,		

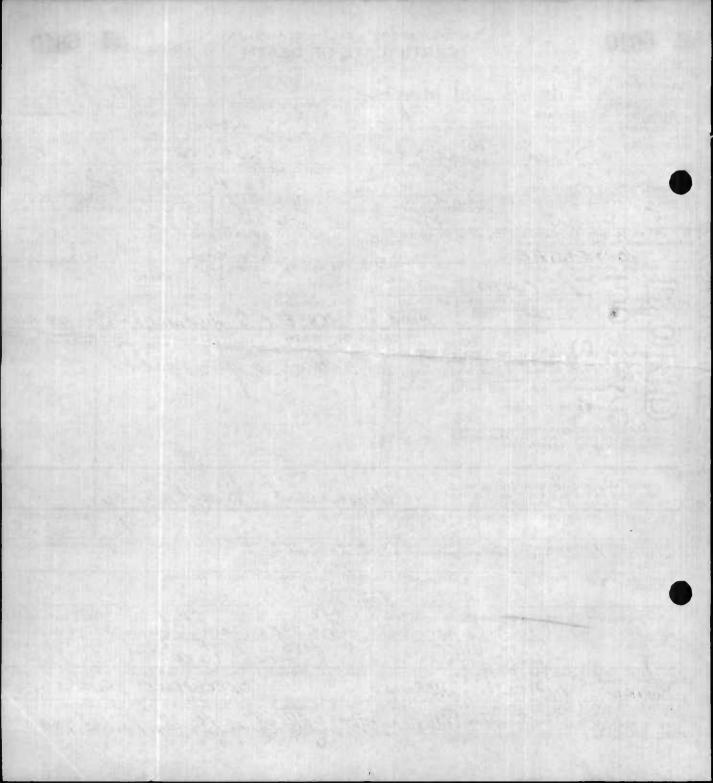
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BALTIMORE CITY HEALTH DEPARTMENT

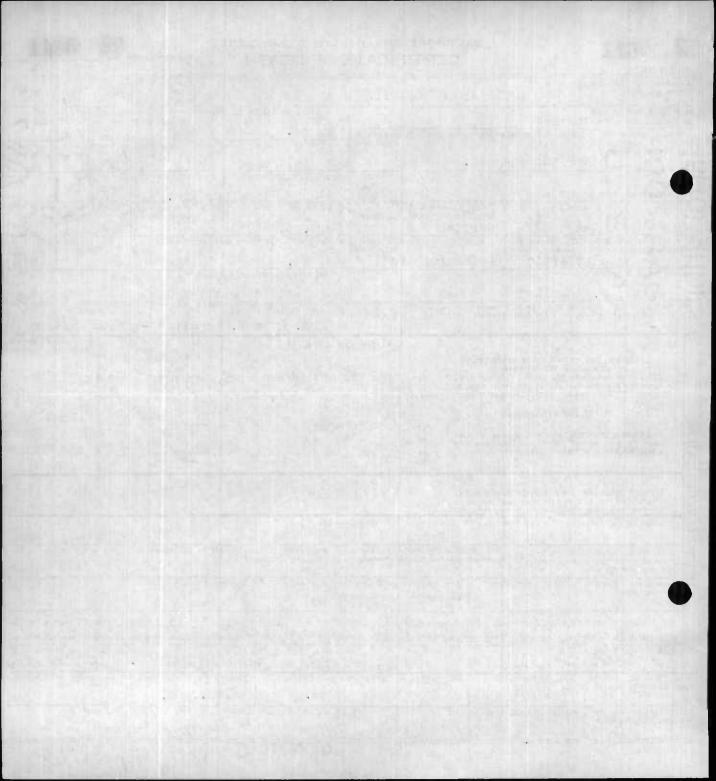
egistered 58 6610

CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mose ength of stay in Baltimore Days 9. AGE (In years | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY OUSE WIFE CI. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNIC CURTIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NONE 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES FICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF 20. AUTOPSY 19A. DATE OF OPERATION DICA (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT WORK AT WORK that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. , 1952, and that death occurred at deceased alive on 23A. SIGNATURE 23C, DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24b, LOCA YION (City, town, or county) 24B. DATE BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

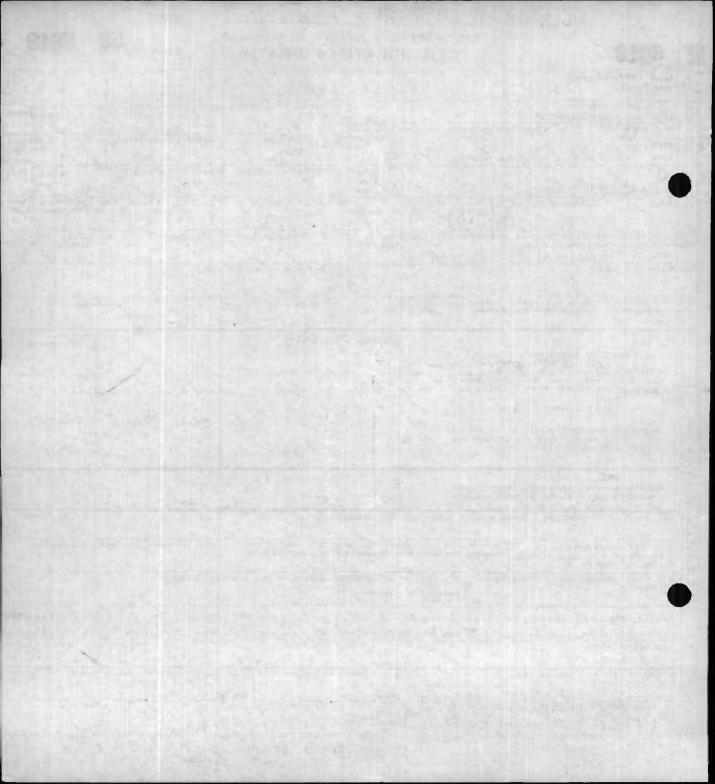


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

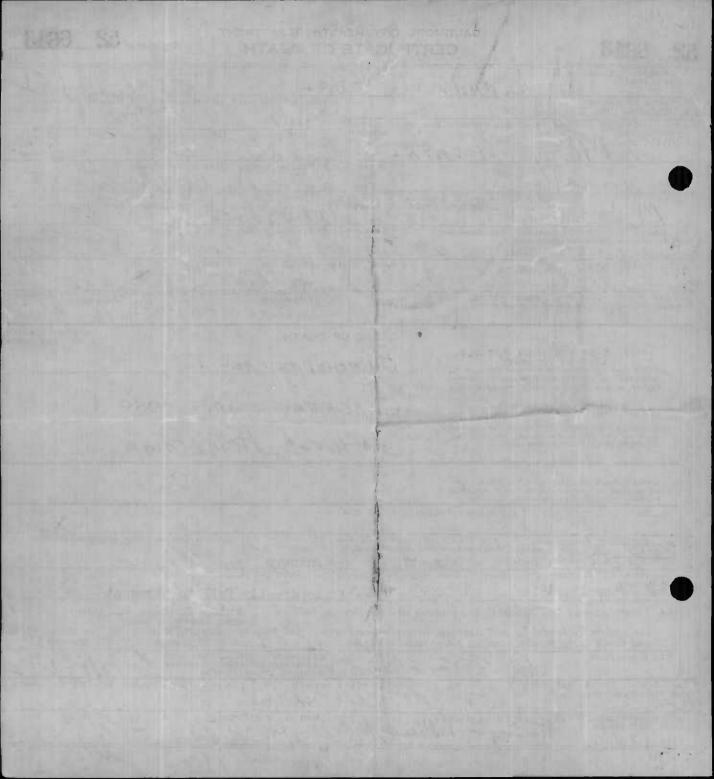
1.					
(T	NAME OF DECEASED Type or Print)	OUIS AUGUST SCHULTZE		OF DEATH	ly 14, 1952
A.	Baltimore City, Maryland	tal or institution, give street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If in B. COUNTY	stitution: residence before admission)
H	OSPITAL OR		outside ecoparate limits	With RURAL and give	
IN	693 Gladsto	ne Ave.	Baltimore	61	township)
7		Yrs.	D. STREET ADDRESS (If	rural, give location)	
Ġ.	Length of stay in Baltimore	Mos. Days	693 Gladston	e Ave.	
	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	Inder 1 Year II Under 24 Hours
m	nale white	widowed, divorced (Specify)	Sept. 3. 1875	76	ths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF
	Commerciat Artist		Md.		WHAT COUNTRY?
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Louis A. Schultze		Caroline Pli	tt	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARME a, no or nnknown) (If yes, give wer or date	D FORCES? 16. SOCIAL	17. INFORMANT		DRESS
(20	(-1 300, B110 WOT OF GREE	es of service) SECURITY NO.	Mrs. Emma T. S	chultze - 693	Gladstone Av
	18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY			ONSET AND DEATH
	(This does not mean the mode of	of dying, e.g., (A)	to myscardial	sufarction	3 day
	heart failure, asthenia, etc. It mes injury or complication which	ans the disease, caused death.) DUE TO			
	ANTECEDENT CAUS	SES			
Z		(B) Core	mary acclus	en	Sday
은	DISEASES OR CONDITIONS, I	STATING THE DUE TO	· 1 · 1	4 / .	
A	UNDERLYING CONDITION LA	AST. (C) Cirtur	espelwate Ma	st ducan	10444
Ē					
RT	OTHER SIGNIFICANT COND				
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION				
J	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		
d					20. AUTOPSY?
Ü					20. AUTOPSY?
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (I	f in Baltimore City, gi	20. AUTOPSY?
MEDICA	LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year	about home, farm, factory, street, office bldg.,	,etc.) INJURY OCCUR?		20. AUTOPSY?
ш	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,	RED 21F. HOW DID INJURY		20. AUTOPSY?
ш	LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year,) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK	RED 21F. HOW DID INJURY	OCCUR?	20. AUTOPSY? YES NO Ve exact location)
ш	LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year, INJURY) 22. I hereby certify that I at	nbout home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from	RED 21F. HOW DID INJURY	Duly 14, 195	20. AUTOPSY? YES NO Ve exact location) That I last saw the
ш	LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year, INJURY) 22. I hereby certify that I at deceased alive on the later of the later	nbout home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 19 4, and that death occur	RED 21F. HOW DID INJURY	OCCUR?	20. AUTOPSY? YES NO Ve exact location) That I last saw the
ME	LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year, INJURY) 22. I hereby certify that I at deceased alive on July 14 23. FIGHT JURE 1. Illan Jure	nbout home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from , 19 2, and that death occur M. D.	RED 21F. HOW DID INJURY Luly 1V, 1957 to rred at 9'95 m., from to 23B. ADDRESS 408 Lack Lack	Self 1, 1957, ne causes and on the	ve exact location) that I last saw the date stated above. 23c. pafe signed
WE 24	LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year, INJURY) 22. I hereby certify that I att deceased alive on July 14 23. SIGNATURE 4A. BURIAL, CREMA-1 24B, DATE	nbout home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 19 7, and that death occur M. D. 24C. NAME OF CEMETE	RED 21F. HOW DID INJURY RED 21F. HOW DID INJU	r OCCUR? Frely / f, 1953, re causes and on the Courses and continuous contin	ve exact location) that I last saw the date stated above. 23c. pafe signed
₩ 24 T10	LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year, INJURY) 22. I hereby certify that I att deceased alive on July 14. 23. SIGNATURE 44. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) BUT121	about home, farm, factory, street, office bldg. (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from , 19 , and that death occur M. D. 24C. NAME OF CEMETE Loudon Par	RED 21F. HOW DID INJURY RED 21F. HOW DID INJU	ne causes and on the Carlon (City, town, co., Md.	ve exact location) that I last saw the date stated above. 23c. PATE SIGNED (State)
ME ME	LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year, INJURY) 22. I hereby certify that I att deceased alive on July 14. 23. SIGNATURE 44. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) BUT121	nbout home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 19 7, and that death occur M. D. 24C. NAME OF CEMETE	RED 21F. HOW DID INJURY RED 21F. HOW DID INJU	ne causes and on the Carlon (City, town, co., Md.	ve exact location) that I last saw the date stated above. 23c. pafe signed
ME ME	LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year, INJURY) 22. I hereby certify that I at deceased alive on the property of	about home, farm, factory, street, office bldg. (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from , 19 , and that death occur M. D. 24C. NAME OF CEMETE Loudon Par	RED 21F. HOW DID INJURY RED 21F. HOW DID INJU	ne causes and on the Carlon (City, town, co., Md.	ve exact location) that I last saw the date stated above. 23c. PATE SIGNED (State)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ossiter DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or um HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If Tural, give location) Mos. ength of stay in Baltimore Davs AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7, SINGLE, MARRIED. 9. AGE (in years) VIDOWED, DIVORCED (Specify) Mar. 11. IOA. USUAL OCCUPATION (Give kind of) 10 . KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Head Clark (rtd Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Year no or unknown! (If year give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Harry A. Miller-5413 Spring INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from. 195 to 191 that I last saw the deceased alive on 195 and that death occurred at Jam., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (Eity, town, or county) 24B. DATE TION, REMOVAL (Specify) Suria? orraine Park Cem DATE RECEIVED BY REGISTRAR'S SIGNATUR FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



- 0-10	EALTH DEPARTMENT	red 52 6613
52 CERTIFICATI		
(Type or Print) GERNARD F	ORD 2. DATE OF DEATH	7/12/52
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased liv.	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		e limits, write RURAL and give
Plercy Hospital	D. STREET ADDRESS (If rural, give logation	on) -0 0
ength of stay in Baltimore 5. SEX [6. COLOR OF RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In Mea	willy st
MIDOWED, DIVORCED (Specify)	Nov. 25 1898 last bletsday	Months Days Hours Min.
100. ISUAL OCCUPATION (Girckindor 10B. KIND OF BUSINESS OR workdodeduring most of working life over if retired)	11. BIRTHPLAGE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. KATHER'S NAME .	14. MOTHER'S MAIDEN NAME	2 10.10.00
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17 NFORMANT	SANDERS ANIVO
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Frank Ford a	ve. Brooklyn
2 100.0	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	CHOPHEN MONIA	V
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	EBRAL SOFTENIA	16
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	dural Hematom	g.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSÝ?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in underlying in or contrib. about home, farm, factory, street, office bidg., of contrib.		City, give exact location)
UNDERLYING OR CONTRIB. about home, tarm, factory, street, office blogs. of the contribution of the contrib	Unknown Balla	ethy
bout June 15, 1952 m. WHILE AT NOT WHILE AT WORK		ment
22. I certify that I took charge of the remains described of	above, held anautopsy	thereon and from
the evidence obtained by said Autopsy, Inspection or land death in my opinion resulted from: natural causes	Inquiry, find that said deceased died of said accident A suicide , homicide	m the day stated above, \Box , undetermined \Box .
23A. SIGNATURE R Scherm	238. CHIEF MEDICAL EXAMINER	23c. DATE SIGNED
	ERY OF CREMATORY 24d. LOCATION (City,	town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 FUNERAL DIRECTOR	ADDRESS
VS 151	10 Hered Head	and.
N857.2 90 512	North /4000	

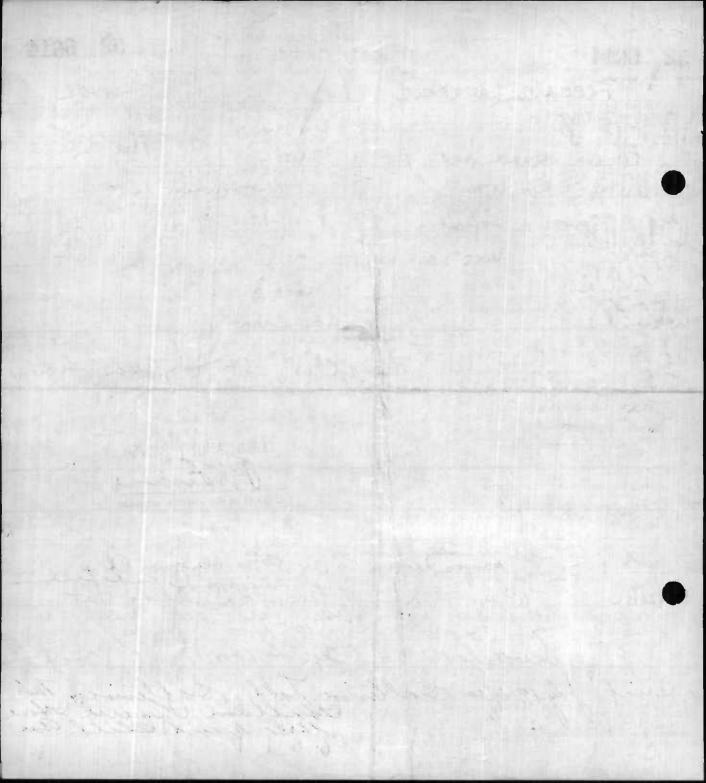


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) AURENCE OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR

Registered 6614 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside corporate limits, white HURAL and give C. CITY OR TOWN INSTITUTION township) 18 ALTO Yrs. D. STREET ADDRESS (If rural, give location) Mos. 603 N. Applicton ngth of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 8-11-1700 porec Separated 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? aporer Mest 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ulcus Martin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unkoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. unknows tosp, Chan CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 6590 Body area LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CERTIFICATION APPROVED BY UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CHIEF OR ASST. MEDICAL EXAMINER TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES . NO X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Mangers 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 2 IF. HOW BID INJURY OCCUR? Cu INJURY WHILE AT NOT WHILE AT WORK 6/23 22. I hereby certify that I attended the deceased from. 19 That I last saw the . 19 L. and that death occurred at 10 deceased alive on 1 Im., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-34B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

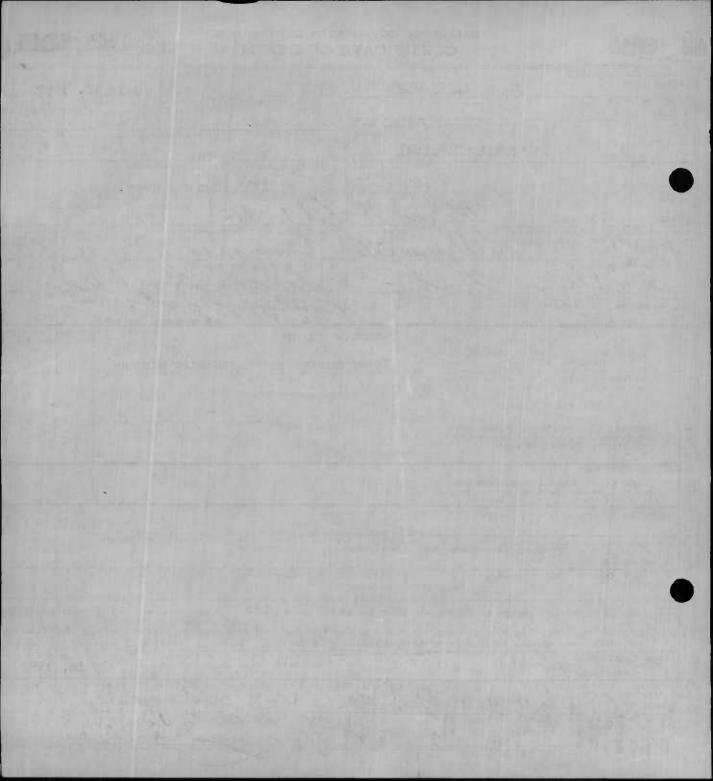
LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2 6615

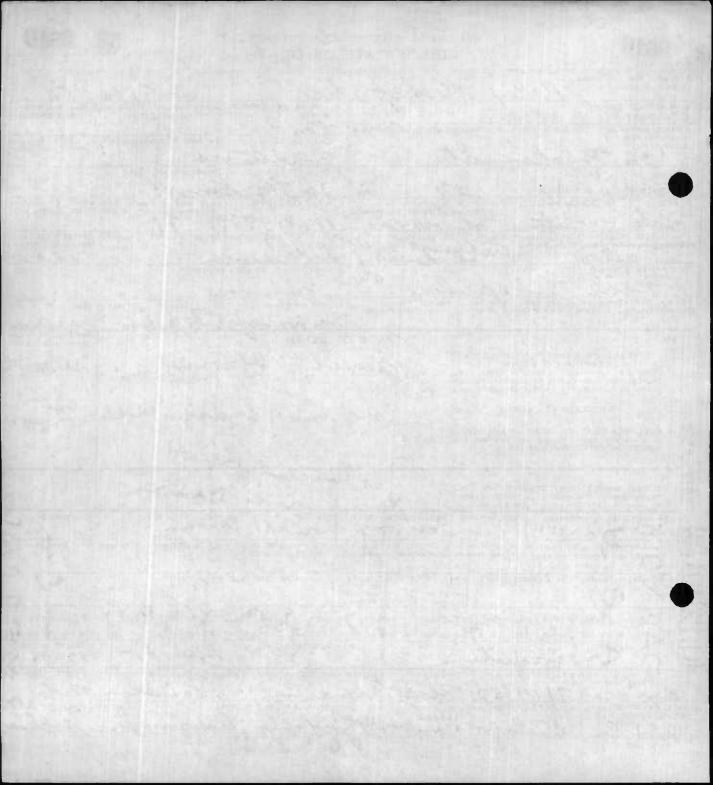
BIRTH NO.		CI	ERTIFICATE	OF DEATH	Registered	I IVOS
1. NAME OF D (Type or Print)					2. DATE OF	
		OHN WALTE	ER WEBB		DEATH JU	ly 16, 1952
a. Baltimore	City, Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospi	tal or institution,	give street address or location)	c. CITY OR TOWN	If outside cornors to li	nits, write RURAL and give
INSTITUTION	Unive	ersity Hos	spital	-	10	township)
			Yrs.	D. STREET ADDRESS (
ength of s	tay in Baltimore	9	Malo Mos.	1303 E	dmondson Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE N	AARIED	8. DATE OF BIRTH	9. AGE (In years	Months; Days Hours: Min.
Male	Colored	ma	ruel	JUL. 1, 14.00	47	
	CUPATION (Give kind o		BUSINESS OR	H. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	N	Delay	un suus	14. MOTHER'S MAIDEN	NAME 1	14 1. 9
(7)	Illia.	19/	· Shine		1 10/2 -	hand.
15. WAS DECEASE	ED EVER IN U. S. ARME	D FORCES? 1	6. SOCIAL	17 NEORMAT	A TUGI	ADDRESS
(Yes, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	outen ;	The state of	are.
18. 1/11	3 X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY	OACOL C	DEATH		ONSET AND DEATH
(This does	LEADING TO DEA s not mean the mode	of dying, e.g.,	(A) Hypert	ensive cardiova	scular disea	se
	are, asthenia, etc. It me complication which		DUE TO			
	ANTECEDENT CAU	SES				
Z	S OR CONDITIONS,	IF ANY CIVING	(B)	***************************************		
O RISE TO T	THE ABOVE CAUSE (A	STATING THE	DUE TO			
	· ·		(C)	***************************************		
OTHER S TRIBUTING TO THE D	II SIGNIFICANT CONE	ITIONS CON-				
TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
7.5	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME		NDINGS OF OPERA	TION		20. AUTOPSY'7
A P				Lose Wilepe Dip	(VS in Doltinger City	YES NO X
UNDERLYIN	NAL CAUSE WAS	about home, farm,	OF INJURY (e. g., in ,factory,street,office bldg.,et		(II in Baitimore Cit)	y, give exact location)
	CAUSE OF DEATH (Month) (Day) (Year		. INJURY OCCURRE	D 21F. HOW DID INJU	DV OCCUP?	
OF INJURY	(1101111) (201) (1011	WHIL	E AT NOT WHILE	7	KI OCCONI	
22 I certi	fu that I took cha		mains described al	ore held an inspec	tion & inqui	Ty thereon and from
				Autopsy	, Inspection or Inqui	ry
and de	eath in my opinion	resulted from	y, inspection or in m: natural causes	iquiry, find that said ₩, accident □, suicid	aeccasea alca on le 🔲, homicide 🖂	the day stated above, undetermined \square .
23A SIGNA		P	0	23B. CHIEF MEDICAL	L EXAMINER	23C. DATE SIGNED
Man	ley /8. K	Jula	M.I	D. MEDICAL INVESTIGA	ATOR	July 16, 1952
244. BURIAL.	CREMA- 24B. DATE	10	D. MEDICEMET	Y OR CREMATORY 24D.	SALAN (City, to	wn, or county)
DATE RECEIVE	D BY RECOTEAN	6 SIGNATURE	WI. Jan	25 PALERAL BIRCOR		ADDRESSIN
LOCAL REGIST	DAD! A ATT of	uglon //	Miscus Mis	The second	J. Jin	cras coreme
Vet 17	1957	0 F	20 50	1601 2000	un stil	June 1
V 2 131			7803A			



CERTIFICATE OF DEATH

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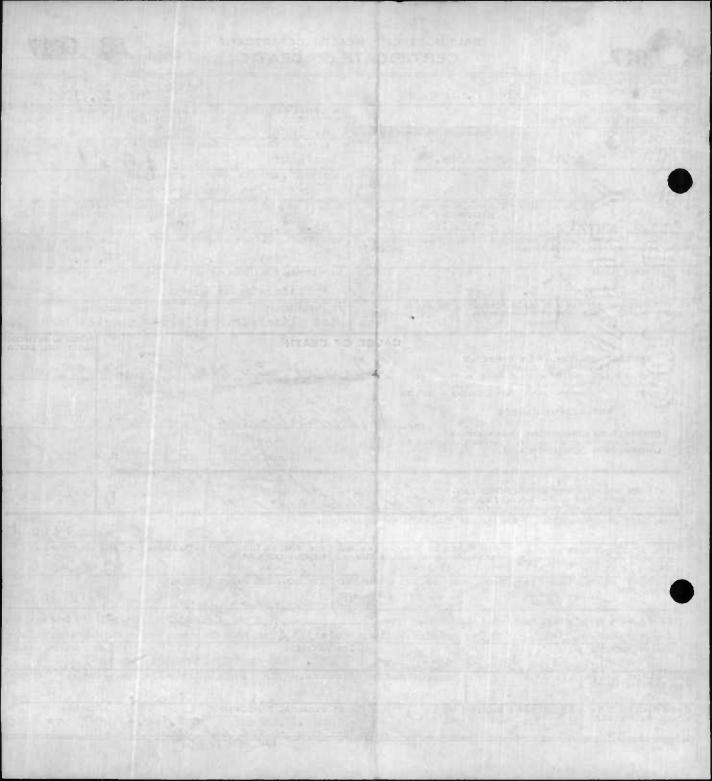
В	RTH NO.	CERTIFICAT	E OF DEATH	Registered No)-
1.	NAME OF DECEASED Policy	-6 hepu	lin	2. DATE OF DEATH 7//	6/50
A.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	(Where deceased lived, If in	nstitution : residence before admission
H	FULL NAME OF (If not in hospital or ins	titution, give street address or location)		(If outside corporate limits,	rite RVHAL and giv township
7	Dungth of stay in Baltimara	Yrs.	D. STREET ADDRESS	(If rural, give location)	0
5.		NGLE, MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Inder 1 Year If Under 24 Hours ths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B. k done during most of prking life, even if retired)	IND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME	Industry	Lithuan	NAME	751
15	Telly Then		17. INFORMANT	AD	DRESS 57
(Ye	a, no or unknown) (If yes, give war or dates of service		mo mariel	Chepulis	Parking
	DISEASE OR CONDITION DIRECT		OF DEATH	donisial	ONSET AND DEATH
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused d	isease,		metortosis	7300,1110100
Z	ANTECEDENT CAUSES	(B) Care	enoma of Lee	privid & Block	ly obruit
ATIO	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.				0
TIFIC	11		unwarning !	Tar I	4
CER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	NG IT.	Swen	Matostonis	
CAL		remonent of	seguino !	Blodden -	YES NO
MEDIC		PLACE OF INJURY (e./g., i come, farm, factory, street, office bidg.,		(If in Baltimore City, gi	ve exact location)
7	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		URY OCCUR?	
	22. I hereby certify that I attended	the deceased from	19,19, 40		that I last saw th
	deceased alive on 10, 19		23B. ADDRESS & W	m the causes and on the	23c. DATE SIGNED
24 TIC	AA. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	ERY OR CREMATORY 24	D. LOCATION (City, town,	or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGN DCAL REGISTRAR	IATURE.	25. FUNERAL DIRECTO	0 D	ADDRESS O /-
7	UL 17'1952 Huntington VS 150	~ Williams My	40hm 4.	owan +for	Nolling
1		59046			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

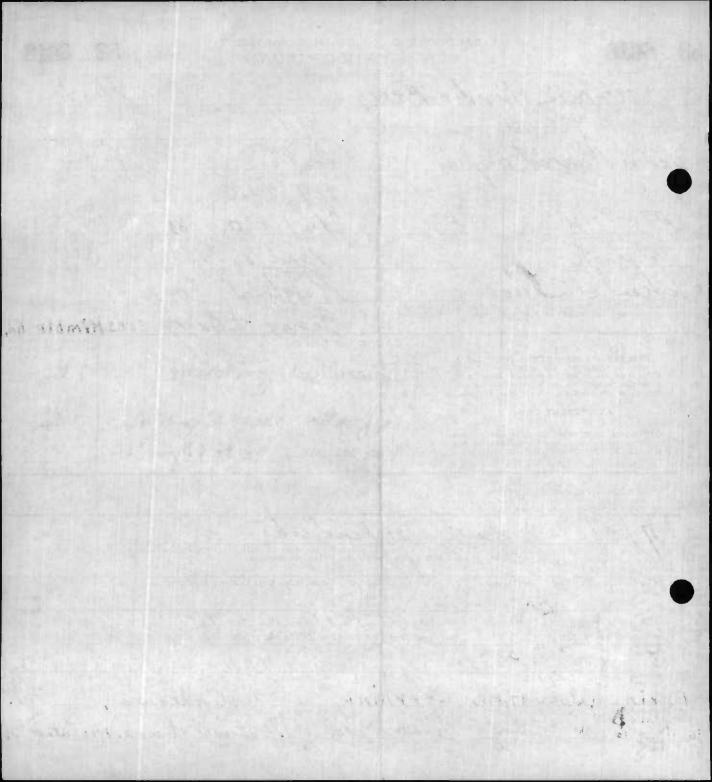
Registered 52 6617

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Alice E. Keener		2. DA O DE	ATE OF July 15,	, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION Cambridge Arms Apts.	A. STATE	RESIDENCE (Where dec B B 1d not not compared to the compared t		tution: residence before admission)		
	lifers. o. STREET	ADDRESS (If rural, gi				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE Single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINE	ED (Specify) 8. DATE OF Feb. 18	BIRTH 9. AG	t birthday) Months			
work done during most of working life, even if retired) NONE 13. FATHER'S NAME		more, Md.	U.	S.		
Augustus D. Keener 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECUR	17. INFORM	cabeth William ANT Leabeth Hastin	ADDRE			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH BUT NOT BELATED.	artirio sele		PPROVED BY	2 yrs.		
TRIBUTING TO THE OCATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AI YES 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fisctory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about home, farm, fisctory, street, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deccased from 1940, to fully 15, 1952, and that death occurred at 10 pm., from the causes and on the date states.						
Burial 7 - 18 - 52 Loudon DATE RECEIVED BY LOCAL REGISTRAR VS 150 LOCAL REGISTRAR LOCAL REGISTRAR VS 150	Park 25. FUNERA		e, Md.	DRESS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, stree CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY PINJURY 22. I hereby certify that I attended the deccased free deceased alive on Major (Hour) 22AC, NAME OF CONTRIBUTION, REMOVAL (Specify) BUTIAL 24A. QURIAL, CREMA- 24B. DATE 24C, NAME OF CONTRIBUTION, REMOVAL (Specify) BUTIAL PARTICIPATION REGISTRAR REGISTRAR'S SIGNATURE	RY (e. g., in or b, office bidg., etc.) OCCURRED NOT WHILE AT WORK AT WORK 21F. HOW AT WORK 23B. ADDRESS M. D. 100 W. UT F CEMETERY OF CREMA Park 125. FUNERA	ERE DID (If in Ballocour?) N DID INJURY OCCU DE M., from the cause N DIVERSITY Park TORY 240. LOCATIO Baltimor L DIRECTOR	JER? JER? JER? JER? JER? JERS JERS	at I last sate stated oc. DATE S		



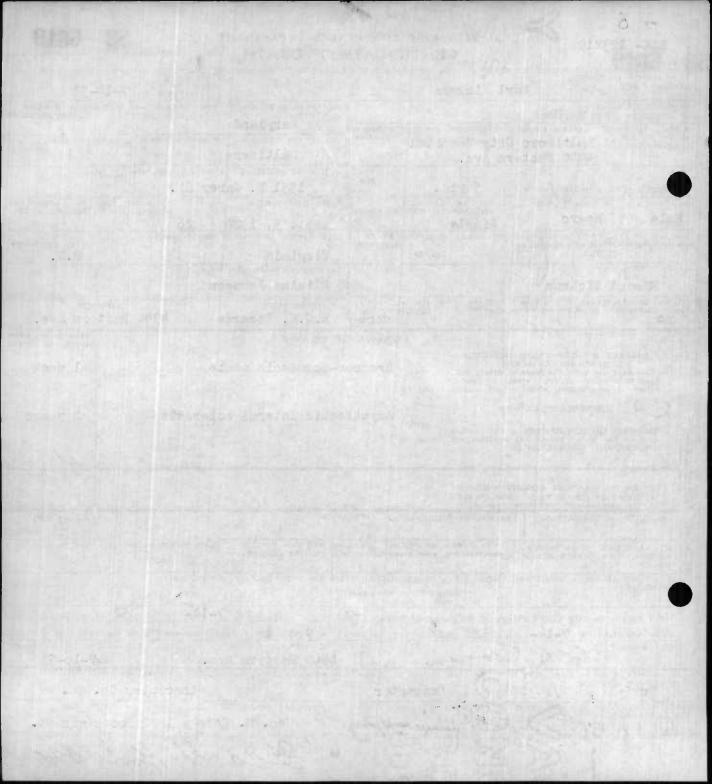
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH	1008,000010	u mon
1. NAME OF DECEASED (Type or Print)	der Barry		2. DATE OF DEATH	7/15/52
a. Baltimore City, Maryland		A. STATE	E (Where deceased lived B. COUNTY	l. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION	ution, give street address or location)	C. CITY OR JONN	(If outside corporate l	imits, write AUPAL and give
Yum / Jeunes // 3/	shif	Ballo.	2	township)
c. Length of stay in Baltiprore	Yrs. Mos. Days	729 9/46	The The) (
5. SEX 6. COLOR OR RACE 7. SING	LE, MARRIED, OWED, DIVORCED (Specify)	8/4/189	9. AGE (in years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working file, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF
13. FATHER'S NAME I NUMBE	1	14. MOTHER'S MAIDE	IN NAME (NU /-	4
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dytes of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	- Sig ac.	ADDRESS
		Teage 1	- Odury 3	FOS-Kimble Rd.
18. /54 X 1		OF DEATH	. (ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Co	-0:-0	Like	7.4
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase, (A)	anda besa	140VF157	الكمي
injury or complication which caused dea	th.) DUE TO	0		
ANTECEDENT CAUSES	2.1.	4.	Lines	7.0
DISEASES OR CONDITIONS, IF ANY, GIV	(B)(B)	CENTRAL CELL	o signor o	(Days"
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.			Locas	
Since the same same same	(c)	mina ne	10 Balmer	
ii.				
OTHER SIGNIFICANT CONDITIONS C				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	IT.			
194. DATE OF OPERATION 3 198. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
5 4/0/3 - Head	ACE CE INITIAL	nace as	/16 in Dalti (1)	YES NO
216. *CCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	LACE OF INJURY (e. g., i le, farm, factory, an eet, pilice bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(II in Baltimore Ci	ty, give exact location)
FINJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended th	e deceased from 7/	8/52, 19_, to	7/15/12 1	9, that I last saw the
deccased alive on 7/15/19			om the causes and o	n the date stated above.
23A DIGNATURE A MOT	to. 13	3B. ADDRESS	1 0 11	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24	4D. LOCATION (City, to	own or county) (State)
BUVIAL JULY 17.1412	LOYVAIN		711.10	7.1
DATE RECEIVED BY REGISTRAR'S SIGNA	TUFIE	26. FUNERAL DIRECT	OR	ADDRESS
LOCAL REGISTRAR Huntington	Williams, M.	John O mit	- l. 00 - l Q	1000 E. t PM
308 150	5 2 0 /	600	STATE TO THE IN	K. 1400 Man V.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

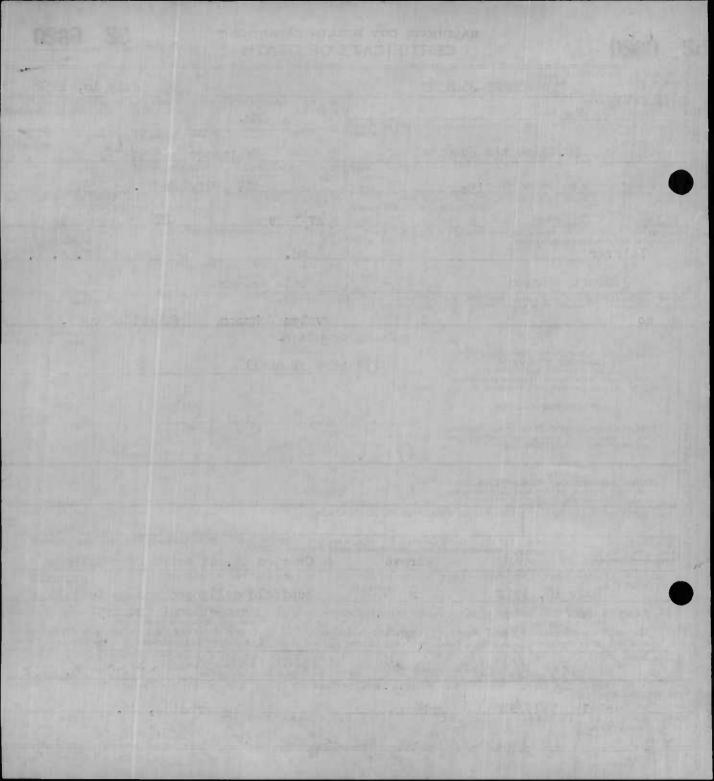
鱼	IRTH 6619			CERTIFICATI	E OF DEATH	aregistered.	110
1.	NAME OF D ype or Print)		rl Nick	cens		2. DATE OF DEATH 7	-14-52
B.	PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospite Baltimore)	City Ho		C. CITY OR TOWN (I	B. COUNTY	f institution; residence before admission write RURAL and give township
	10.32	4940 Easter	n Ave.	Yrs. Mos.	D. STREET ADDRESS (I		
	sex Male	6. COLOR OR RACE	7. SINGLI	Days E. MARRIED, /ED, DIVORCED (Specify)	1351 N. Car 8. DATE OF BIRTH Sept. 5. 1926	9. AGE (In years)	H Under I Year Ionths Days Hours Min.
wor	k done during most r	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or : Virginia	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	Nickens			14. MOTHER'S MAIDEN N		
15 (Ye	. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B.C.H. Records	,	ADDRESS astern Ave.
RTIFICATION	(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEAT into mean the mode of tre, asthenia, etc. It mean complication which complication which complication which complication which complications and the second	H dying, e. g as the diseas aused death ES ANY. GIVIN STATING TH	E, (A) Bronch	of DEATH no-pneumonia acut rophic lateral sc		1 week 2 years
CE	TRIBUTING TO THE D	GIGNIFICANT CONDITION TO THE DEATH, BUT IN ISEASE OR CONDITION OF OPERATION 15	CAUSING I	ED	ATION		20. AUTOPSY7
EDICAL	21A. ACCID LYING OF CAUSE OF	DENT WAS UNDER-		ACE OF INJURY (c. g., in farm, factory, etreet, nffice bldg., e	s or 21c. WHERE DID (NJURY OCCUR?	(If in Baltimore City,	YES NO give exact location)
M	21D. TIME F INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK deceased from 9-2			2, that I last saw th
	deceased al	live on 7-14-	1952 20 g	and that death occur	red at 9:40 A m., from Зв. ADDRESS 4940 Eastern Av	the causes and on	the date stated above 29c. DATE SIGNED 7-16-52
TI	on, removal (S Buria	7/20/52		24c. NAME OF CEMETE Lancaster		Lancaster	Co. Va.
	ATE RECEIVE DCAL REGIST		ton W	lliams My?	25, FUNERAL DIRECTOR Geo. G. Ke	elson 1303 Pr	esstman St.
	VS 150	0	7 5		6 beles	. W. Ke	loom



5 6620 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

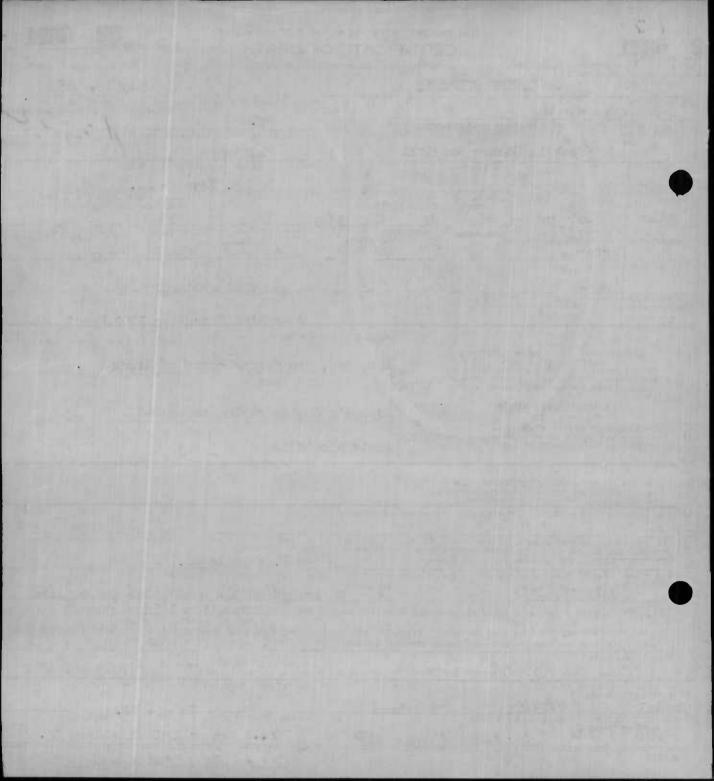
BIRTH	NO.					
1. NAME (Type or	of Deceased Print) ROB	ert Johnson				y 16, 1952
	E OF DEATH: more City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL HOSPITA		l or institution, give stre	2 1 1 1	Md.	f autoido componera lim	ts, write HORAL and give
INSTITU	TION	h's Hospital		Baltin		ownship)
	Dos godep	ir o moprour	Yrs.	DALLII D. STREET ADDRESS (If		-
eng	th of stay in Baltimore	Life	Mos. Days	627 F	itcher St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVOR	. 18	DATE OF BIRTH	9. AGE (in years)	H Under 1 Year H Under 24 Hours onths: Days Hours Min.
Male	Colored	M M		7/27/1929	22	
TOA. USL	UAL OCCUPATION (Give kind of pring most of working life, even if retired)	108. KIND OF BUSIN	ESS OR 1	1. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Laborer	Cen		Md.		U. S. A.
13. FATH	HER'S NAME		1	4. MOTHER'S MAIDEN N	IAME	
	Robert Johnson			Lola Nedeem		
15. WAS (Yes, no or t	DECEASED EVER IN U.S. ARMED uuknown) (If yee, give war or dates		RITY NO.	7. INFORMANT	A	DDRESS
1	10	?		Evelyn Johnson	627 Pite	her St.
he in Di RI UI DI RI	This does not mean the mode or eart failure, asthenia, etc. It mean jury or complication which complication which complication which complication which complication which complication is a second to the complication of the complication of the complication is a second to the complication of the complicatio	es the disease, aused death.) ES ANY, GIVING STATING THE DUE TO ST. (C) TIONS CONNOT RELATED				
	DATE OF OPERATION 15	B. MAJOR FINDINGS	OF OPERAT	ION		20. AUTOPSY?
¥	0.					YES NO
UNDI	EXTERNAL CAUSE WAS ERLYING OR CONTRIB- IG CAUSE OF DEATH.	218. PLACE OF INJ about home, farm, factory, stre	et, office bldg., etc.	Charles St.	of in Baltimore City, at Notre Dame	e College 27/11
	TIME (Month) (Day) (Year)		Y OCCURRED			ground
	July 16, 195		AT WORK		lapsed and he	
-	I certify that I took char, the evidence obtained by and death in my opinion	said Autopsy. Inspe	ection or Inc	Autopsy, quiry, find that said o	Inspection or Inquiry leceased died on the □ , homicide □, t	he day stated above, undetermined [].
	Stanley &	Durlos	her M.D	23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGA	TOR	uly 16, 1952
TION, REM	WOVAL (Specify)	24c. NAME	OF CEMETERY	OR CREMATORY 24D. I	LOCATION (City, town	or county) (State)
		2 Arbute		5. FUNERAL DIRECTOR	Arbutus, Md.	ADDRESS
Locati	PEGISTRAR 51 Huntin	ton Williams	MD	Geo. Sh	Kelse	n
V S 15	N803.2	115	099	1303	Press	man of



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1	4	C	024	
4	010	O	DET	
	BIR	1 H	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.					
1. NAME OF D (Type or Print)		ARD STEVENSON		2. DATE OF DEATH July :	
3. PLACE OF D	City, Maryland		4. USUAL RESIDEN	ICE (Where deceased lived, If i	nstitution : residence before admission
B. FULL NAME		al or institution, give street address or	c. CITY OR TOWN	10	
INSTITUTION	HOSPITAL OR location)			(If outside corporate imits	, write RURAL and giv township
3,60	Franklin S	quare Hospital		is (If rural, give location)	
47 6	4	Mos.			
5. SEX	stay in Baltimore	7. SINGLE, MARRIED.	8. DATE OF BIRTH		Under 1 Year If Under 24 Hour
Male	Colored	WIDOWED, DIVORCED (Specify)	3000	last birthday) Mor	nths Days Hours Min
	CUPATION (Give kind of		11. BIRTHPLACE (Sta	ate or foreign country),	12. CITIZEN OF
	of working life, even if retired)	NDUSTRY	Bali	to md.	WAAT COUNTRY
13. FATHER'S			14. MOTHER'S MAIL	DEN NAME	USA
1	100 150		1400	Knar	~
	ED EVER IN U. S. ARMEI		17. INFORMANT	A	DDRESS
(Yes, no or unknown)	(If yes, give war or dute	s of service) SECURITY NO.	Josephir	e Forrester 1301	Maril 7 a Acces
18. = 0	711 and	222 CAUSE	OF DEATH		INTERVAL BETWEE
1 F	SE OR CONDITION				ONSET AND DEAT
	LEADING TO DEA	TH let 2	md. 3rd degre	ee burns of trunk	
heart fail	ure, asthenia, etc. It mes	ans the disease,	and face	***************************************	***************************************
Injuly of		,			
	ANTECEDENT CAU	Asphy:	da due to car	rbon monoxide	
Z DISEASE	S OR CONDITIONS, I				******
UNDERL	YING CONDITION L	AST. (c) Acute	alcoholism		
DISEASE RISE TO UNDERL					
OTHER	II SIGNIFICANT COND				
TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED CAUSING IT.			
U 19A. DATE	OF OPERATION 1	19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?	
A L		Lair Division Division (c. 1	n or 21c. WHERE DII	D (If in Baltimore City, g	YES NOX
21A. EXTER	NAL CAUSE WAS	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	te.) INJURY OCCUR	?	18 1
M DING	CAUSE OF DEATH.	nome	805 W. Fay	yette St.	101
OF INJURY				INJURY OCCUR?	
	July 15, 1952	m. WORK AT WORK		his house that w	
22. I cert	ify that I took char	rge of the remains described o	bove, held an in	Spection & inquir utopsy, Inspection or Inquiry	y thereon and from
the er	vidence obtained by	said Autopsy, Inspection or I	Inquiry, find that s	said deceased died on th	e day stated abov
and d	eath in my opinion	resulted from: natural causes	s 🗌, aecident 🔊, s	uicide [], homicide [], ui	ndeterminea .
23A. 51GN	TURE	None en la	ASSISTANT ME	DICAL EXAMINER 23	ly 16, 1952
24A. BURIAL.	CREMA- 248 DATE	24C. NAME OF CEMETE		24b. LOCATION (City, town,	
TION, REMOVAL (Specify)				
DATE RECEIVE	7/19/52 ED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRE	CTOR BARROW Mide	ADDRESS
LOCAL REGES		+ WH. O. CARD	Gre-R	A STATE OF THE STA	stman St.
3011	Thuster	you valuated my	6 7	11.16	
V S 151	N-9482	780	99 Ses	· Hillso	n



ВІ	52 6 E-/	622			ALTH DEPARTMENT	X Segistered	30,0
	NAME OF ppe or Print)		was	R. Elver	t	2. DATE OF DEATH	ly 17, 1952
A.	PLACE OF Baltimore	City, Maryland	Dal 6		4. USUAL RESIDENCE (TALE A. STATE		institution: residence before admission)
H	SPITAL OR		PKINS HOS	give street address or location)	c. CITY OR TOWN , CI	outside corporate limi	ts, write RURAL and give township)
	ength of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	6011
5.	SEX NOL 1	6. COLOR OR RACE	7. SINGLE, M WIDOWED		8. DATE OF BIRTH		If Under 1 Year on the Days Hours Min.
10 worl	done during most	CCUPATION (Give kind of to working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY!
13	. FATHER'S		dCE	bert.	14. MOTHER'S MAIDEN N	AME WILL	War
15 (Yes	. WAS DECEAS	(If yes, give war nr date	s of service)	SECURITY NO.	17. INFORMANT JOHNS HO	PKINS HOSPITA	ADDRESS
	OISEA (This doe heart fail	SE OR CONDITION LEADING TO DEA' so not mean the mode of ure, asthenia, etc. It mean to complication which or	TH of dying, e.g., ans the disease,	CAUSE C	F DEATH	- a pusuna	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A)	F ANY, GIVING STATING THE	(B) Rhu	more fun.	diac	
CERTIFI	TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?	
MEDICAL		DENT WAS UNDER- OR CONTRIBUTING DEATH		OF INJURY (e. g., in ectory,street,nffice bldg.,et		If in Baltimore City,	give exact location)
Ĺ	TINJURY	(Month) (Day) (Year	(Hour) 21E.		21F. HOW DID INJUR	Y OCCUR?	
		by certify that I attalive on 7-17	ended the dec		ed at 1.35 Am., from t		that I last saw the he date stated above.

238. ADDRESS

JOHNS HOPKINS HOSPITAL

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

23c. DATE SIGNED 7-17-57

ADDRESS

deceased alive on_ 23A. SIGNATURE

24B. DATE

RECISTRANS SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

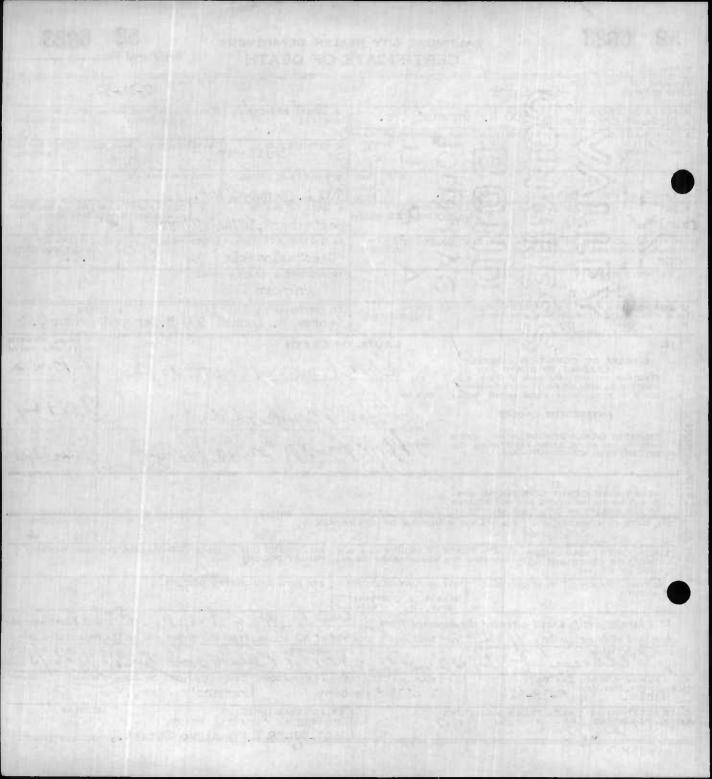
DATE RECEIVED BY LOCAL REGISTRAR

52	6623			
	-520			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6623

BIRTH NO.		ICATE	OF DEATH	registered	110
1. NAME OF DECEASED Mary		M.	OF 7-1	₊ -52	
	500 N. Kenwood Asspital or institution, give street	4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY	f institution : residence before admission)	
HOSPITAL OR INSTITUTION		Baltimore	7-02	its, write RURAL and give township)	
c. Length of stay in Baltimor		D. STREET ADDRESS (If rural, give location) 500 N. Kenwood Ave.			
female white	WIDOWED, DIVORCE	ED (Specify)	September8, 1874	77 yrs.	M Under 1 Year If Under 24 Hours Inches Days Hours Min.
10A. USUAL OCCUPATION (Give kinwork done during most of working life, even if retailed none	red) 108. KIND OF BUSINE none	SS OR NDUSTRY	11. BIRTHPLACE (State or for Czeckoslovakia	reign country)	12. CITIZEN OF
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. AR (Yee, no or unknown) (If yes, give war or NO	MED FORCES? 16. SOCIAI SECUR	ITY NO.	George F. Lunak, 500 N.Kenwood Avenue,.		
DISEASE OR CONDITION (This does not mean the monoheart failure, asthenia, etc. It injury or complication which will be a second to the complex of the condition of the conditio	ON DIRECTLY EATH de of dying, e.g., means the disease, h caused death.) AUSES S. IF ANY, GIVING (A) STATING THE LAST. (C) NDITIONS CON- ULT NOT RELATED	Stral Stem Stral Stem Myventit Asusivi andia	· v	Jan 1,49	
19A. DATE OF OPERATION	198. MAJOR FINDINGS	JRY (e. g., ir	or 21c. WHERE DID (I	f in Baltimore City,	20. AUTOPSY? YES NO give exact location)
FINJURY	CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) ID. TIME (Month) (Day) (Year) (Hour) ID. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 1973, to 1973, to 1973, to 1973, that I last saw the deceased alive on 1973, and that death occurred at 1973, to 1973, to 1973, that I last saw the deceased alive on 1973, and that death occurred at 1973, to 1973, to 1973, that I last saw the deceased alive on 1973, and that death occurred at 1973, to 1973, to 1973, that I last saw the deceased alive on 1973, and that death occurred at 1973, to 1973, to 1973, to 1973, that I last saw the deceased alive on 1973, and that death occurred at 1973, to 1973, to 1973, to 1974, that I last saw the deceased alive on 1974, the causes and on the date stated above.				
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burial (Specify) Burial Cemetery Horners's Lane,					n, or county) (State)
DATE RECEIVED BY REGISTR	ar's signature	MP	25. FUNERAL DIRECTOR Schimunek uneral 2601-02-08 E Mad		ADDRESS
VS 150					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6624

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Barbara Iniha	2. DATE OF DEATH 7-14-52				
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto etc.	A. USUAL RESIDENCE (Where deceased lived, If institution: residence, A. STATE B. COUNTY before admission)				
8. FULL NAME OF (If not in hospital or institution, give struct address or HOSPITAL OR	C. CITY OR TOWN (If outside corporate limits write RURAL and give				
Wirdson mussing Home	3025 uindow dry township)				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SHIGHT. MARKED.					
WIDOWED, DIWORGED (Specify)	last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BUTHPLACE (State or foreign country) 12. CITIZEN OF				
work done during most of working life, even if retired) INDUSTRY	Balting City				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	mgt Heforen				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT				
18. 171 X CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
(This does not mean the mode of dying, e. g.,	any a free of the				
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.	ingliga Stap				
7 I					
OTHER SIGNIFICANT CONDITIONS CON-					
U TO THE DISEASE OR CONDITION CAUSING IT.	Leo Altropeys				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
CAUSE OF DEATH					
** ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE					
m. WORK AT WORK					
22. I hereby certify that I attended the acceased from 197 to 197, 19, that I last saw the deceased alive on 19, and that death occurred at 19, from the causes and on the date stated above					
	236 ADDRESS 236 DATE SIGNED				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)				
TION, REMOVAL (Specify) 7-18-52 January	Ph Indicat tom.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
LOCAL REGISTRARS Huntington William 400	Edward Joulson Ballo aly				
VS 150	0 0 2 1 P				

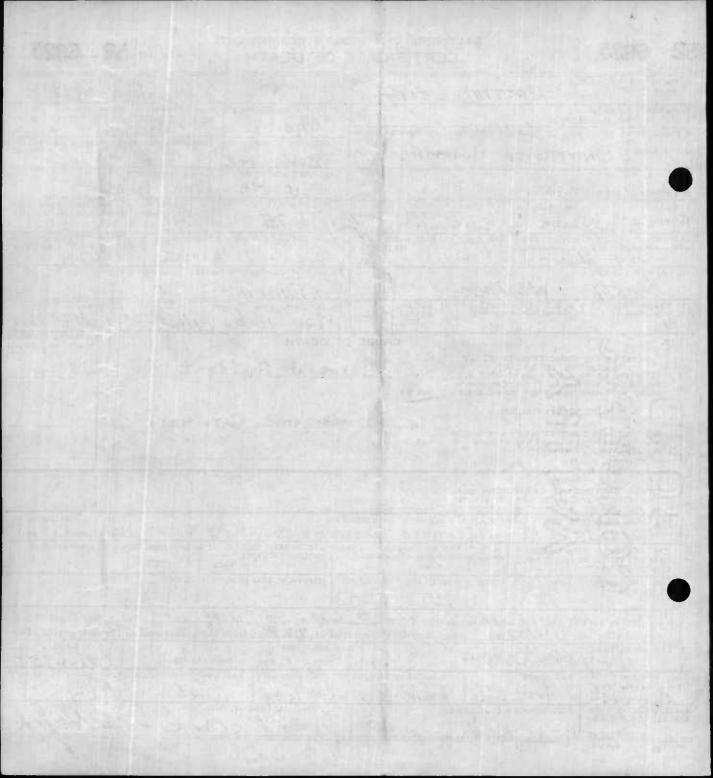
who was - Buc > 61

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 6625

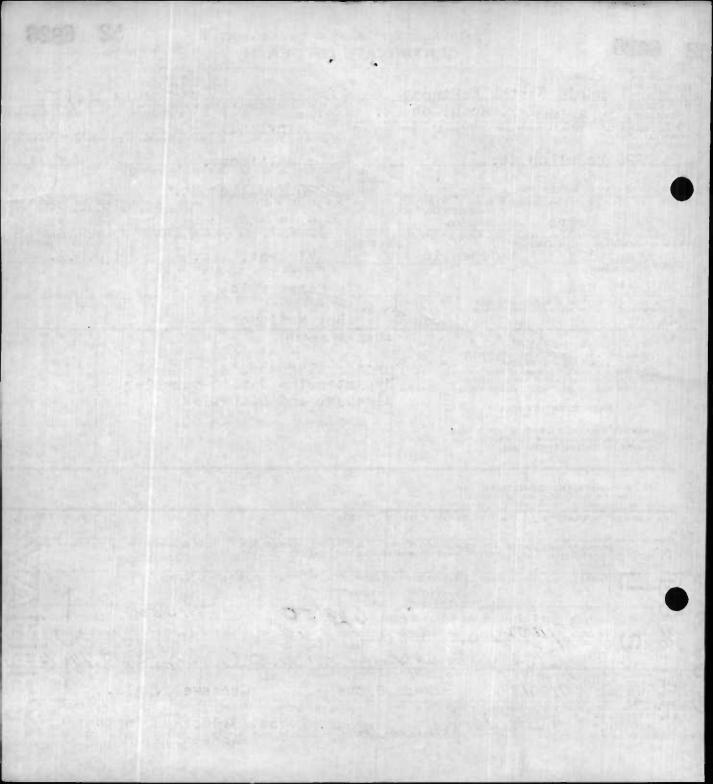
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) HATTIE LEITH	2. DATE OF DEATH JULY 16, 1953				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					
INSTITUTION UNIVERSITY HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RULLAL and give				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Mos. Days	3410 Hamilton Ave.				
5. SEX . [6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours				
Female White Widowed Specify	23/18/5 76				
10A. USUAL OCCUPATION (Give kind of work done during most of working]ife, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:				
AT HOME -	West Virginia USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
SCOTT- WhITACRE	CATHERINE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. Kuby Filler- 3410 HAMILLON				
	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH	rebral Accident 3days				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	2				
ANTECEDENT CAUSES	mchagenic Carcinoma				
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(C)					
11					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 2 Matadage 20. AUTOPSY?				
	inoma of Lung & Metastasia ves No				
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
F INJURY WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 7/6/52, 19, to 7/16/52, 19, that I last saw the deceased alive on 7/16/52, 19, and that death occurred at 9:30 Pm., from the causes and on the date stated above.					
deceased alive on 7/16/52, 19, and that death occurred at 7:30 Pm., from the causes and on the date					
OVACIAL NO MO	University Hospital 7/16/52				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	001				
TION, REMOVAL (Specify)					
BANKOS I I I SA I MINUTER CONTERA I DISTILLA					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Leona 1 & Cuck 5305 Hawford				
JUL 17'1952 Tuetty 18 The auto					
VS 750	6 6 2 /2				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6626 Registered No.

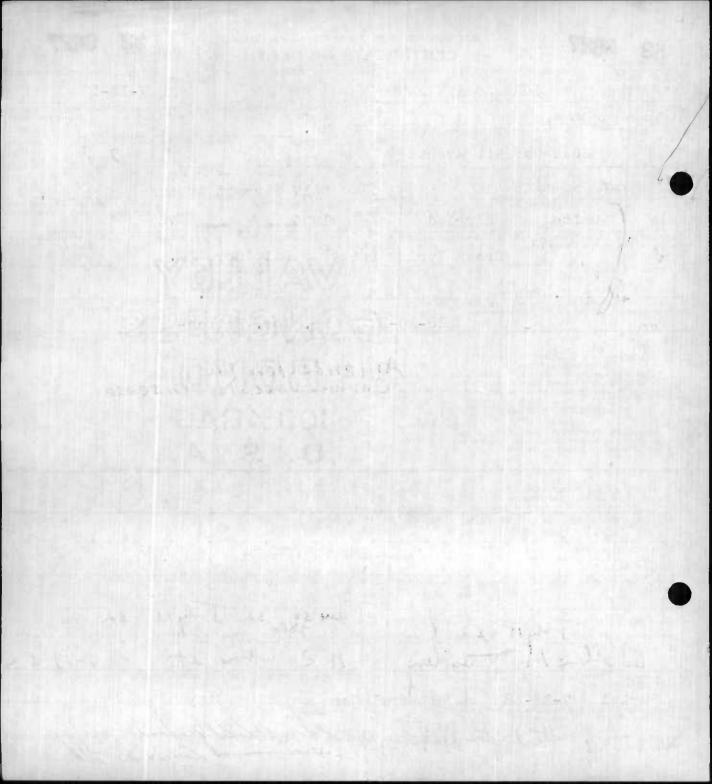
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			1	2. DATE OF	
Annie	Bertha Mc			DEATH JUTY	
3. PLACE OF DEATH: A. Baltimore City, Mary			4. USUAL RESIDENCE A. STATE	Where deceased lived, If B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			C. CITY OR TOWN (If outside corporate #mits, wgite RUKAL and give		muito DYIDAI and give
INSTITUTION	2.3 01		C. CITY OR TOWN (If outside corporate smits, wate RURAL and give township)		
2220 McCul	Ion St.	Yrs.	D. STREET ADDRESS	(f rural give location)	
County of stancin Dal		Mos.			
ength of stay in Bal		Days E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours
J. JEX JO. COLOR	WIDOV	VED, DIVORCED (Specify)		last birthday) Mo	nths Days Hours Min.
10A. USUAL OCCUPATION		OW OF BUSINESS OR	May 17, 1892	60	
work done during most of working life, e	rem if retired)	INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Housewife	dome	stic	Vincent, A	la.	U.S.A.
13. FATHER'S NAME					
Henry Kidd			Mary Pruitt		
15. WAS DECEASED EVER IN I	J. S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
No '		None	Roy McKinney		
18. 4.2011	and 76	6 X CAUSE	OF DEATH		INTERVAL BETWEEN
	IDITION DIRECTLY				ONSET AND DEATH
(This does not mean t	TO DEATH	Corona	ary Thrombosis		
heart failure, asthenia, injury or complication	etc. It means the diseas		rtension, Cardi		
injury or complication	which caused dead		ase, and Diabe		
	NT CAUSES	4250	and branc	. 010	
Z (B)					***************************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN-					
o l		(C)	***************************************	• • • • • • • • • • • • • • • • • • •	
<u></u>	11				
OTHER SIGNIFICAN	T CONDITIONS CD				
TRIBUTING TO THE DE					
19A. DATE OF OPERAT	ION 198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
N N					YES ND
U 21A. ACCIDENT WAS D LYING OR CONTRIB	DIAMETE.	ACE OF INJURY (e. g., i farm, fectory, street, office bldg.,		(If in Baltimore City, 1	give exact location)
S CHOOL OF BEATTI	(V) (H)	at- while accurr	TE ALT HOW DID IN III	DV ACCUIDA	
21D. TIME (Month) (D	ay) (lear) (nour)	21E. INJURY OCCURR		RY OCCUR?	
	m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify t	hat I attended the	deceased from 6	19/50 19_, to_	1/15/52/19	, that I last saw the
deceased alive on	7/.4/	and that death occid	rred at 6 1 m., from	/ /	he date stated above.
23A. SIGNATURE	91		23B. ADDRESS	1 0-01	23c. DATE SIGNED
AA	a O Jal	care Am. D.	511 71.80h	eder to me	5.7/16/52
24A. BURIAL CREMAN 24	B. DATE	24C. NAME OF CEMETE	RY DR CREMATORY 24D.	LOCATION (City, town,	or equinty) (State)
TION, REMOVAL (Specify)	/20/5/2	Bakers Gro	ve Cre	sswell, Ala	•
DATE RECEIVED BY RE	GISTRAR'S SIGNAT	JRE	25. FUNERAL DIRECTOR	6 2 3	ADDRESS
LOCAL REGISTRAR	Hustington	Williams 189	Wm. Reese II	108 Washing	ton St.
VE 150	7	THURSDAY, MA		napolis, Md	
VS 150		カカカロ	4	,	
the larger to be a real or the larger		1000	N		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6627

BI	RTH NO.					
	NAME OF D		N JOSEPH RAUM		2. DATE OF DEATH 7-1	5-52
Α.		City, Maryland		4. USUAL RESIDENCE (V		f institution : residence before admission)
HC	FULL NAME SSPITAL OR STITUTION		al or institution, give street address of location		outside corporate limi	ts, write RURAL and give township)
	ength of s	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location) Avenue	
	ale	6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH		H Under I Year on this Days Hours Min.
work	done during most	CCUPATION (Give kind of of working life, even if retired)	os. KIND OF BUSINESS OR INDUSTRY Green Spring Dai			12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME		14. MOTHER'S MAIDEN N	AME	
15	WAS DECEAS	Tohn C. Rau		Margaret	M	
(Yes	, no or unknown)	(If yes, give war or date	16. SOCIAL SECURITY NO. 216-10-3798	Mr. Jos. Fet		ADDRESS
RTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA'S not mean the mode of the accomplication which of ANTECEDENT CAUS SOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH of dying, e.g., ns the disease, caused death.) DUE TO Call (B) (B)	of DEATH erio Sclevo 11 dio- Vascula	.c	ONSET AND DEATH
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT	NOT RELATED			
			98. MAJOR FINDINGS OF OPER	RATION	125.36.11	20. AUTOPSY?
EDICAL	214 ACCUE	OF NEW YORK AND THE	21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Baltimore City,	YES NO
MED		DENT WAS UNDER- R CONTRIBUTING DEATH	about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?	in Darmine City,	give exact location)
	21D. TIME F INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURE		Y OCCUR?	
			m. WORK AT WORK			<u> </u>
	22. I hereb	y certify that I att	ended the deceased from 1982 and that death occu	lene 30 1952 to J	195	that I last saw the
	23A. S/GNA		1. 1.	23B. ADDRESS Chy	La L	the date stated above.
24 TIO	A. BURIAL, N. REMOVAL (S	CREMA: 24B. DATE Specify)	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town	a, or county) (State)
	Buris TE RECEIVE	D BY REGISTRAR	2 Cathedral C	Om C	ity	ADDRESS
-	ULS 157"	1952 Hunt	ington Williams, My	Theilight	a Soul	mell
4			41		11-11-11-11	



BALTIMORE CITY HEALTH DEPARTMENT

SERVICE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

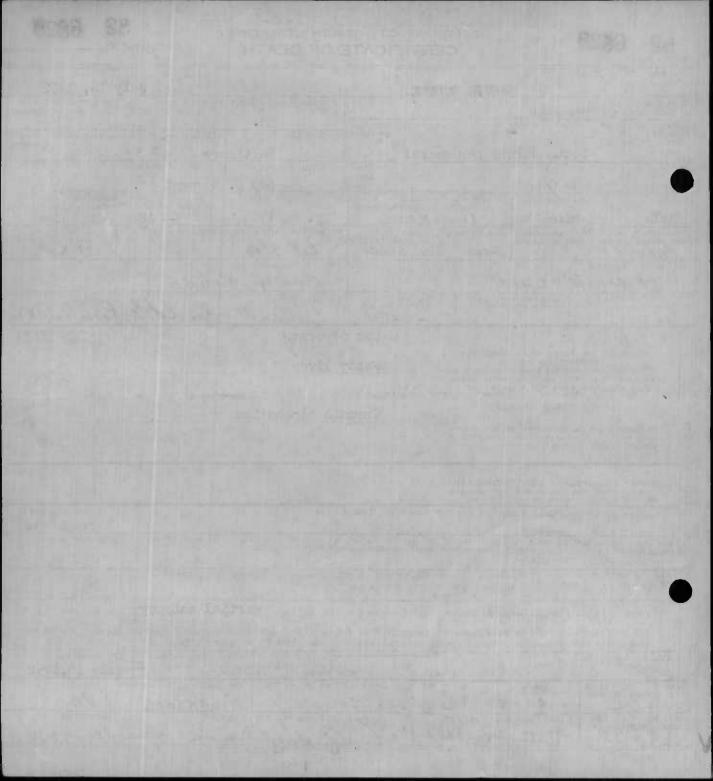
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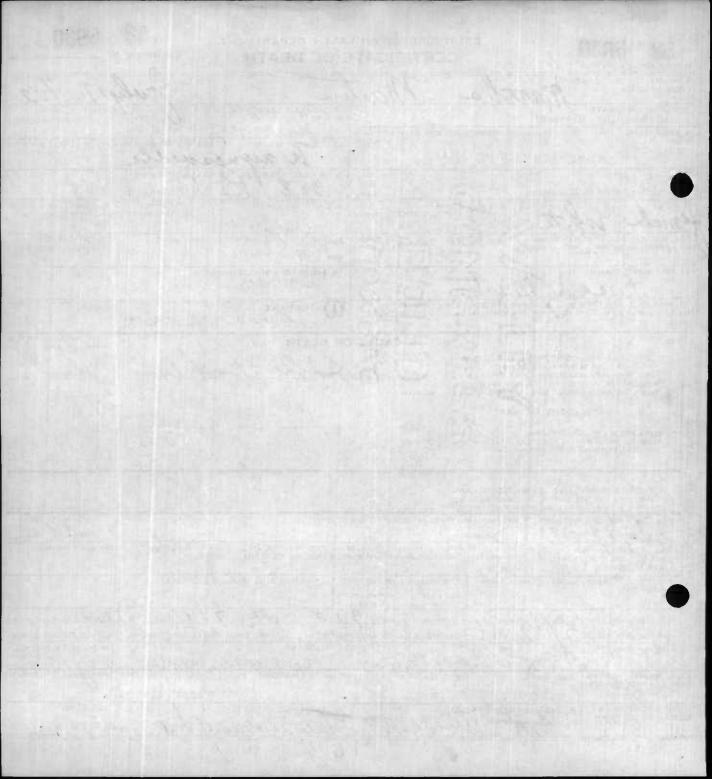
Bi	RTH NO.	7(),50			L OI DE/II			
1. (T	NAME OF DECEA		=. GE.	ESTMYER	7	2. DATE OF DEATH	7-15	-52 1AM
B. H	PLACE OF DEATH Baltimore City, FULL NAME OF DSPITAL OR STITUTION	: Maryland		on, give street address o location	MARYLAN	ENCE (Where deceased B. COL	LIMORE	tution; residence before admission) ite RURAL and give hownship)
7	anoth of stori	EMUKIA	CHO	SFIIA Ars. Mos.	D. STREET ADDR	1 1 1	eation)	-01
5.	SEX 6.CO	DLOR OR RACE	7. SINGLE	Days MARRIED. ED. DIVORCED (Specify	8. DATE OF BIRT	H 9. AGE (In	years If Under	
	A. USUAL OCCUPA done during most of worki	ng life, even if retired)	10B. KIND	OF BUSINESS OR		State or foreign country) 12.	CITIZEN OF
13	REDERIC	K GEF	STM	YER count.	MARY	HANNIBA.	_	
15 (Yes	. WAS DECEASED EVI	ER IN U. S. ARMED yes, give war or dates ? ?	of service)	16. SOCIAL SECURITY NO. 212-01-1257	17. INFORMANT		SAM	
ERTIFICATION	(This does not in heart failure, ast injury or comp ANTE DISEASES OR RISE TO THE AB UNDERLYING	CONDITION IN TO DEAT MEAN TO DE	H f dying, e. g. s the disease aused death. ES ANY, GIVING STATING THE ST.	(A) Ceve DUE TO (B) DUE TO (C)	ibetis m	eular Ace		ONSET ANO DEATH
U		ERATION 15	CAUSING IT		RATION			20. AUTOPSY?
EDICAL	21A. ACCIDENT LYING OR CONCAUSE OF DEAT	NTRIBUTING		CE OF INJURY (e. g., rm,factory,street,office bldg.,			re City, give	YES NO cxact location)
Z	F INJURY	n) (Day) (Year)	w	1E. INJURY OCCURE HILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
	22. I hereby cer deceased alive o 232 STENATURE	nouse to	1952	nd that death occu	23B. ADDRESS	, to 7-15, from the causes a	nd on the de	at I last saw the ate stated above. BC. DATE SIGNED
24 TIC	N. REMOVAL (Specify	248. DATE	2	4c. NAME OF CEMETE	ERY OR CREMATORY	24b. LOCATION (C		ounty) (State)
1 91	Burial ATE RECEIVED BY DOCAL REGISTRAR	7/18/52 REGISTRAR'S	SIGNATUR	Woodlawn	Com. 25. FUNERAL DIR John A. M			DRESS 1 timere S
-	1 15 10 34	10	7 5	5152	\$ 6 gm	No Lews		

8899 SIG The second secon TO THE RESERVE THE PARTY OF THE THE TAX HERE TO SEE THE LANGE OF THE PARTY O

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 16, 1952 MARVIN RUDDLE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City. Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos 600 E. Clement St. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male DIVORCED 50 White 10A, USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY work dooe during most of working life, even if retired) 5.17 SHIP BUILDING PANNTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KUDDLE CORA DOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowed (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknowo) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Chronic alcoholism ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., io or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 16,1952 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 7-20-52 CEMETERY REMOVAL 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNA 151



	635 52 8	6630		TIMORE CITY HE	ALTH DEPARTMENT	52 Registered	00	30
1.	NAME OF Expe or Print)	DECEASED MAN	cha	Mart	for BERRIE	2. DATE OF DEATH	le 17.	1952
A.	PLACE OF D Baltimore (City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE (on : residence pefore admission)
HO	SPITAL OR STITUTION	JOHNS HOPKIN		location)	C. CITYR TOWN (I	If outside corporate lin	nits, write h	RURAL and give township)
	ength of s	tay in Baltimore		Yrs. Mos. Days	3 6 8	frural six plocation)	1 St	*
Le	mak	White	7. SKIGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH March 4,1952	9. AGE (In years last birthday)		Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired) NON 0		OF BUSINESS OR INDUSTRY	North Caralin			IZEN OF IAT COUNTRY?
13	FATHER 1	red M	arter		14. MOTHER'S MAIDEN N Ruth McCoy	IAME		
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dated NONE	FORCES? of service)	16. SOCIAL SECURITANO.	17. INFORMANT JOHNS HOP	KINS HOSPITA	ADDRESS	3
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT a not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT	'H f dying, e. g ns the disease aused death. ES F ANY, GIVIN STATING TH ST.	(A)	ental He	A Disa		ERVAL BETWEEN
LC	TO THE D	ISEASE OR CONDITION	CAUSING IT		ATION		20	D. AUTOPSY?
EDICA	LYING O	DENT WAS UNDER-		CE OF INJURY (e. g., In arm,factory,street, office bldg.,e		(If in Baltimore City	y, give exac	
ME	INJURY	(Month) (Day) (Year) y certify that latt live on	m. w	and that death occur	2 , 19 ⁵² , to	the causes and on	the date	I last saw the stated above.
	Removal	Specify)		4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	LOCATION (City, tov		ty) (State)
DA Lo	TE RECEIVE CAL REGIST	D BY I DECESTRAR	lon W	liaus; MA	25 HUNERAL DIRECTOR		ADDRE Orlean	
=14E	VS 150	16	7 5	20 70	6 % 2 7 0			

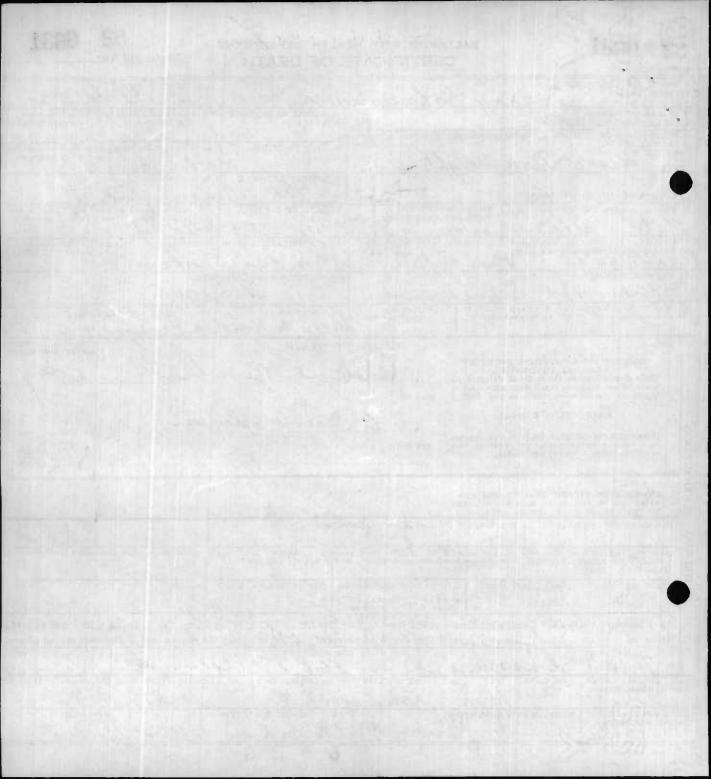


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BALTIMORE CITY HEALTH DEPARTMENT

52 6631

Registered No. CERTIFICATE OF DEATH BIRTH NO. . 1. NAME OF DECEASED 2. DATE Harry Schnunman (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore × 2x mg/on Days 5. SEX 9. AGE (In lears last/birthday) Months Days Hours Min. 6. COLOR OR RACE WIDOWED, DIVORGEE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF work done during most of working life, even if retired) MODUSTRY WHAT COUNTRY? JETEREL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Chnurman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 331X INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK 22. I hereby certify that Lattended the deceased from. 1957 and that death Securred at. deceased alive on. m., from the causes and on the date stated above. 23A. SJGNATURE 238, ADDRESS 234. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) ZAB. DATE 24c. NAME OF CEMETERY OR CREMATORY KJUTIA. DATE RECEIVED BY SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

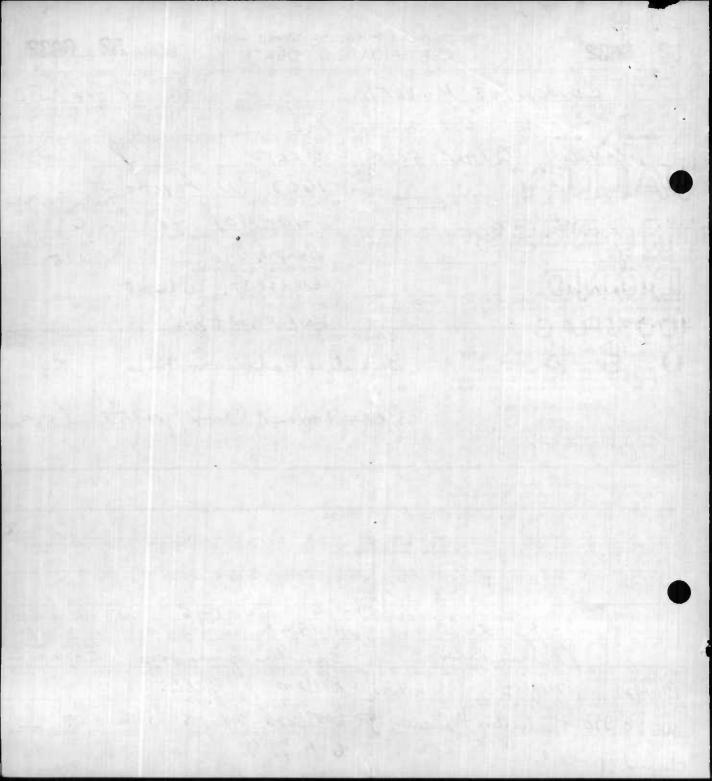


52 BIRTH	6632
BIRTH	NO.

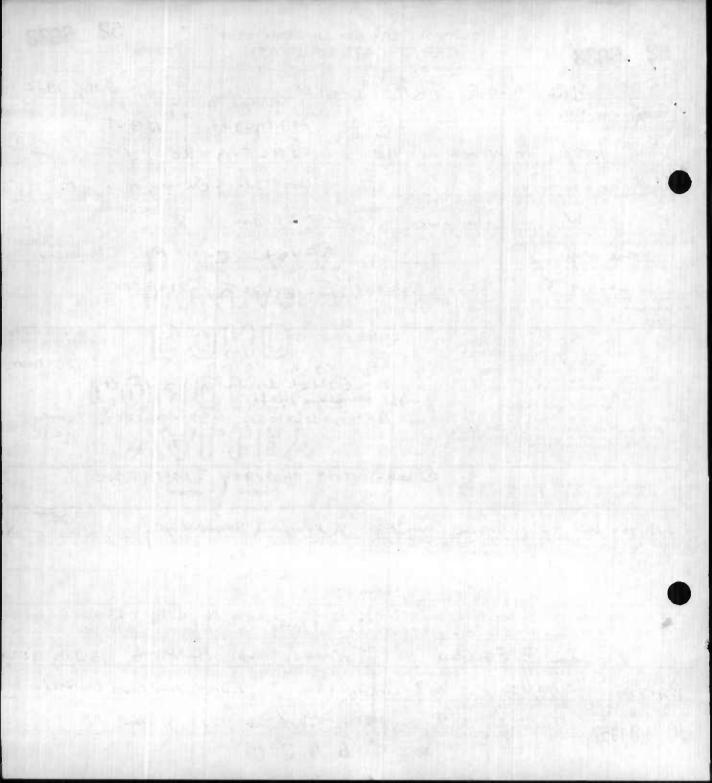
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6632

_	IXTH NO.,			
1. (T	NAME OF DECEASED Type or Print) CONSIDINE MILDRED	The second secon	OF PATH 7-	16-51
۵.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where d		itution : residence before admission)
B.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	/M D.	11. 11.	
	ISTITUTION (c. CITY OR TOWN (If outside	corporate limits, wi	rite RURAL and give township)
7	TRANKLIN SKUARE 405P	D. STREET ADDRESS (If rural, g	rive logation)	
	Length of stay in Baltimore Mos. Days		eyette ST	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AG	GE (In years H Under	I Year II Under 24 Hours Days Hours Min.
	+ W			6
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State of foreign of	ountry) 12.	CITIZEN OF WHAT COUNTRY?
	Hours.	BALTO, and		481
13	FATHER S NAME	14. MOTHER'S MAIDEN NAME		
	UNKNOWN	MARGARET W	RIGHT	
15 (Ye	was deceased ever in U. S. ARMED FORCES? 6, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDR	RESS
	Whown.	HOSP. CHURT		
	18. 1714 . CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	0 . 0 .	.	OHSET AND DEATH
	(This does not mean the mode of dying, e.g.,	get lawnow	yours	7
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0		
	ANTECEDENT CAUSES	0		
Z	(a) Care	nome 1. Clux	gradeis	8 uno.
5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0	/	
CAJ	UNDERLYING CONDITION LAST,			
FIG	•			
ERTI	OTHER SIGNIFICANT CONDITIONS CON-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY7
AL				YES NO
EDICAL	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	or 21c. WHERE DID (If in B INJURY OCCUR?	altimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCC	UR?	
	F INJURY WHILE AT NOT WHILE			
	m. WORK L. AT WORK L.	16 105 Vto 7-16		
	I hereby bereif y that I attended the acceded from	, 10, 10	, ,	hat I last saw the
		red at 9:00 f m., from the cau		late stated above. 3c. DATE SIGNED
	XVV i dela	To satter former	./	7 -16 -5 L
24	M. D. AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	Y OR CREMATORY Ad. LOCATI	ON (City, town, or c	ounty) (State)
TIE	Durial (Specify) 9/19/52 Loudon 8.	K. Cem. Bal	> .	
D	ATE RECEIVED BY I REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR		DRESS
	111 18 1952 Huntington Williams, M.	wer Crop Inc. 121	7 St Caul	ST
	vs 150	6 6 2 9		
V	· Carrier (1)	Mr. But I'		

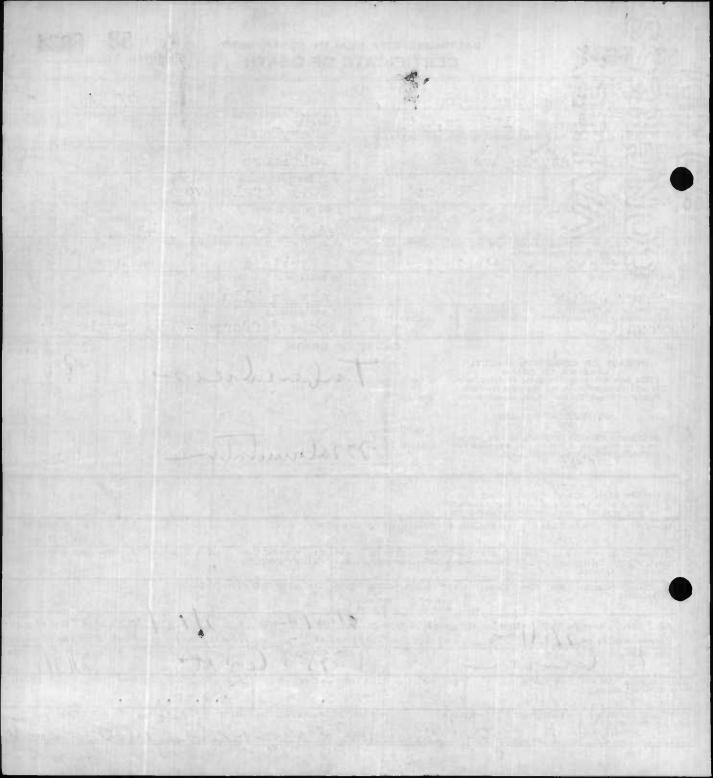


111	23	5									
1/2				BAL	TIMORE	CITY HE	ALTH DEPARTM	ENT		.52	6633
В	RTA No.	6633					OF DEATH		Registere	d No	17000
1. (T	NAME OF		IRS. A	PLICE	TRI	esch	MAN		2. DATE OF DEATH 16	Juli	1 1952
	PLACE OF Baltimore	DEATH:					4. USUAL RESIDEN	ICE (Whe		If institu	tion: residence before admission)
В.	FULL NAM	E OF (tal or institut	ion, give stree		MARYL		BA		
	OSPITAL O		n. for	wone.	NOL	nd.	BAL 1	(If ou		mits, write	RURAL and give
			1.		7	Yrs.	o. STREET ADDRES		ral, give location)		
			Baltimore			Mos. Days	1400 W		xingh		fr.
5.	SEX	6.COL	OR OR RACE	WIDOW	E, MARRIED		0 cd 29 196	7	9. AGE (In years last birthday)	Months I	Days Hours Min.
10	A. USUAL	OCCUPATI	ON (Give kinds		OF BUSIN	ESS OR	11. BIRTHPLACE (Sta	ate or fore	00		ITIZEN OF
WOL	1.1	ost of working	ife, even if retired	0	-	INDUSTRY	RANDALL	Stow	N Md.	- A	hat country
13	FATHER'S			101			14. MOTHER'S MAIL				
		LLIAN			11/4	ceased)	FLIZAbe	eth	Choat		
(Ye	e, no or unknow	wn) (If you	IN U, S. ARMI	ED FORCES?	16. SOCIA SECUE	RITY NO.	17. INFORMANT			ADDRES	SS
-	18. 35	314 0	end 1	754		CAUSE	OF DEATH	Willy	17 5 5 7 5		TERVAL BETWEEN
	DISE	EASE OR	CONDITION NG TO DE			P.		ni k	2 Ndany		112 6
		oes not me	an the mode	of dying, e. s ans the diseas	g., (A) e,	UUIM	ONARY EC	emA	Ziream	DL	45 nour
				caused death	.) DUE TO	H. Iden	ipligia hett.	ulor 18	ccicent,	KT.	
7		ANTEC	EDENT CAU	SES	(B)	ARte	rioscherosi	s Ge	Ner 7 LIZ	zed.	MANY
07	RISE TO	THE ABO	VE CAUSE (A	IF ANY, GIVIN	10			17-67			years.
CA	UNDER	RLYING C	NOITION	AST.	(C)				***************************************		
RTIFICATION	0.5415.5	CICNIE	11	VITIONIC		PRCIN	oma of ova	Ry :	i metas	PSIS	
Ш	TRIBUT	ING TO TH	E OEATH, BUT	NOT RELATE N CAUSING 1	ED						
0		E OF OPER		19B. MAJOR	FINDINGS	OF OPER	ATION	11.4			20. AUTOPSY?
CA		0 % Juli	1	Chrony 2 la PL	ACE OF INJ	URY la g. i	p or 21c. WHERE DI	D (If	in Bakimor Cit	- 1	YES NO A
EDIC	LYING		RIBUTING[1 .1	farm, factory, str						
Σ	21D. TIME	E (Month)	(Day) (Yea	r) (Hour)	21E. INJUR	Y OCCURR	ED 21F, HOW DID	INJURY	OCCUR?	•	
	F INJUE	τγ		m.	WHILE AT WORK	NOT WHILE					
	22. I her	reby certi	fy that I a	ttended the	deceased j	from 3	July 1952	to 16	July, 1	952, tha	t I last saw th
	deceased	l alive on.	16 10/4	1952	and that d	eath occur	rred at 1048 Pm.,			n the da	te stated above
	254.510	2 men	om F	. Frock		м. D.	Women's Hos	A	Salt Ind	16	July 1952
TI	4A. BURIAI	L (Specify)	248. DATE				RY OR CREMATORY	240. LO	dalls Lou	wn, or cou	inty) (State)
	SUPI O	2/	1/19/5 PEGISTRA	2 R'S SIGNATIO		Parau		CTOR	A 9/12 COM		RESS
	OCAL REG		# 1	retor 1	Villianus	- ME	was Cook Ind		17 Sy Da		
=	10 1 8	1952	- June	7 5	2 0	7-0	1 1 2 -	, , , ,			
				**	4		6 6 3 0				



	0 /									
	50	COZA		BAL	TIMORE C	ITY HE	ALTH DEPARTMENT			634
В	52 IRTH NO.	K-Kather			CERTIFI	CATI	E OF DEATH	Registered	No	
	NAME O	F DECEAS	homas J	effero	eon.	1		2. DATE OF DEATH 7	/15/52	
3. A.	PLACE O	E DEATH.	Taryland Ba				4. USUAL RESIDENCE (residence fore admission)
B. H	FULL NA	ME OF OR			ion, give street a	ddress or location)	Maryland c. CITY OR TOWN (1	If outside corporate lin	its, write RI	IRAL and give
IN	ISTITUTIO	N 1055	Arygle	Ave			Baltimore	17	-02	iownship)
c.	Length	of stay in	Baltimore	I8	3 Yrs	Yrs. Mos. Days	IO55 Arygle			
5.	SEX	6. COI	OR OR RACE		E, MARRIED. /ED, DIVORCEI	O (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year Months Day	s Hours Min.
			ION (Give kind of life, even if retired)	10B. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITI WHA	ZEN OF
	Hodca:			Brick.	laying		Virginia	NAME		
			ferson				Mary Mc Klin	X 6" 3 3 1 3 600		/
(Ye	5. WAS DEC	EASED EVER	R IN U. S. ARMEI	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS	
w	nknow	n					Annie Jeffer	son-1055 A		AVE
NOI	(This heart injury	does not m failure, asth or compli ANTEC	I CONDITION ING TO DEA' ean the mode of enia, etc. It mea cation which of CEDENT CAUS ONDITIONS, I DVE CAUSE (A)	TH of dying, e.g. ns the diseas aused death EES F ANY, GIVIN	e, .) DUE TD (B)	7	nher culo		ONSE	AND DEATH
ERTIFICATION			II		(C)		ralmithi			
CER	TRIBU	TING TO TH	ICANT CONDI IE DEATH, BUT OR CONDITION	NDT RELATE	D			••••••		
_	19A. DA	TE OF OPE	RATION	9в. MAJOR	FINDINGS C	OF OPER	RATION			AUTOPSY?
EDICAL	LYING		/AS UNDER- TRIBUTING		ACE OF INJUR			(If in Baltimore City	yes, give exact	-
	ID. TIN) (Day) (Year		WHILE AT WORK	OCCURR NOT WHILE		RY OCCUR?		
		ereby eert		tended the	deceased fro	m \$	red at 9-P m., from	the causes and on		last saw the
	1	SNATURE	2	2	and ones dea		3B. ADDRESS, Col	ut		ATE SIGNED
		AL (Specify)		52	24c. NAME OF Mt Cal		Ct. A	.A.Co., Md) (State)
	ATE RECE		REGISTRAR	ssignation	Williams	CAA_	25. FUNERAL DIRECTOR	10×20	ADDRE	mery M

VS 150



Registered No 6635 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH July 17, 1952 JOHN HARPER 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City. Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital Baltimore o. STREET ADDRESS (If rural, give location ugboat Yrs. untur Towing Dock. ength of stay in Baltimore Days 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months: Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Aug.29-1899 white male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF Steam Boat INDUSTRY WHAT COUNTRY' work done during most of working life, even if retired) Norfolk Va Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dowdy Harper Tke 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Mrs. Catherine V. Crain ADDRESS (Yes, no or unknown) 2555 YELL A 948 and CAUSE OF DEATH 208 Drumond Place ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Norfolk, Va. LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)Drowning heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Acute alcoholism RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

1 198, MAJOR FINDINGS OF OPERATION

NO 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 2400 block Boston St

21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., io or ebout home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

harbor 21E. INJURY OCCURRED

from tugboat "Sadie" into harbor

21F. HOW DID INJURY OCCUR?

Seitz

July 17 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \boxtimes , suicide \square , homicide \square , undetermined \square . 23B, CHIEF MEDICAL EXAMINER..... 1 23c. DATE SIGNED

23A. SIGNATURE

11

ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

24A. BURTAL, CREMA RECEIVED BY

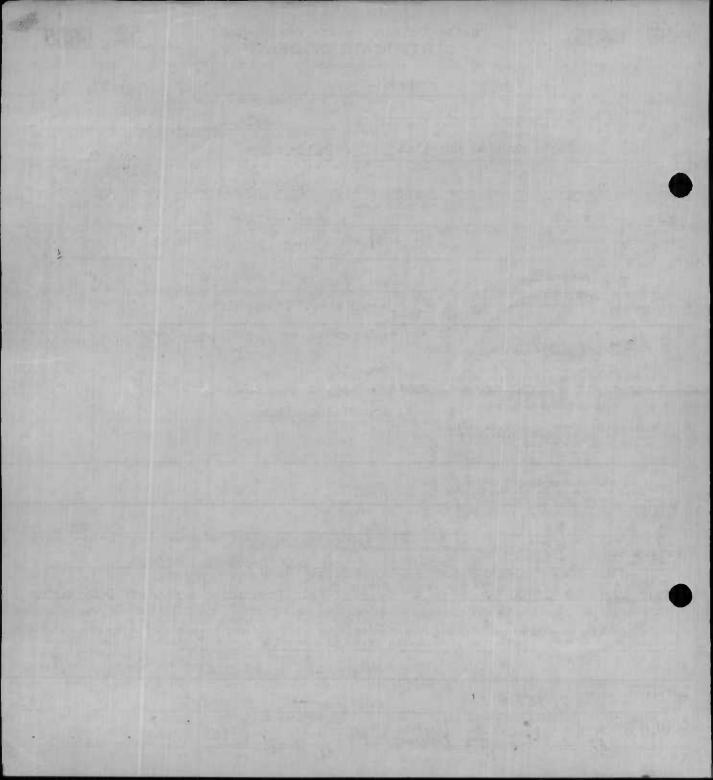
morrer orfolk 25. FUNERAL DIRECTOR

Va. ADDRESS

814 W. 36th. St.

township)

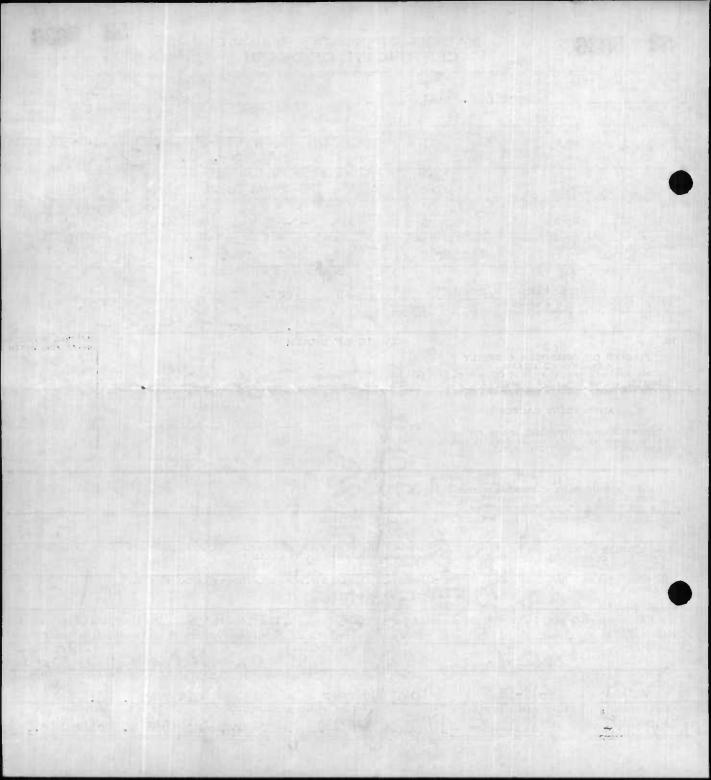
20. AUTOPSY?



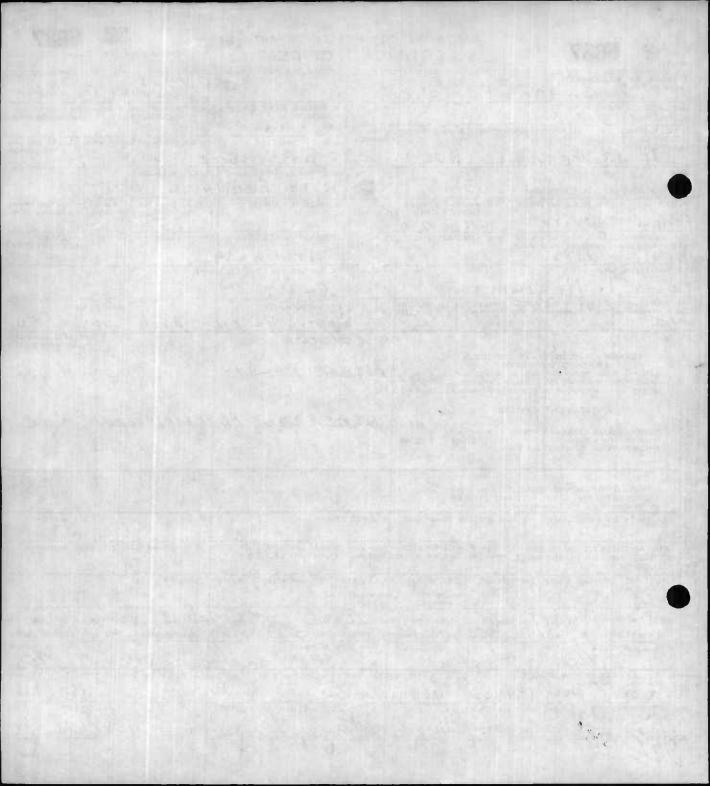
	52	6636	3		TIMORE CITY HE			stered No	5636
В	RTH NO.				CLIVIII ICATI	OF DEATE	1		
1. (T	NAME OF ype or Prin	DECEAS		otin J.	Blazer		2. DATE OF DEATH	7-17-	52
Α.	PLACE OF Baltimor	e City, M	faryland	Ba	lto	4. USUAL RESIDE	NCE (Where deceased B. COL	l lived. If instit	ution; residence before admission)
H	FULL NAI DSPITAL C ISTITUTIO	OR	(If not in hospital) 220 Masc		ion, give street address or location)	c. CITY OR TOWN Baltime	ore, Md.	rate limits, wri	RURAL and give township
	ength o	f stay in	Baltimore		Life Yrs. Mos. Days	p. street address 220 Mason	ss (If rural, give loc Court	ation)	
5.	SEX M	6. COL	LOR OR RACE	7. SINGLE WIDOW	e, married. Ved, divorced (Specify) Married	6-6-72	9. AGE (in last birth	hday) Months	Year II Under 24 Hours Days Hours Min.
1C worl	A. USUAL	OCCUPAT	TON (Give kind of glife, even if retired)	10в. KIND Tin	of Business or INDUSTRY		re, Md.		CITIZEN OF
13	. FATHER	SNAME				14. MOTHER'S MAII			
15	WAS DECI		hristian	Blaze		Teresa	Gradel		
(Ye	s, no or nakno	wn) (If yo	R IN U.S. ARMED	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	ISS
						Mary A. Blaz	zer 220 Mas	on Court	44-16-1-1-
ERTIFICATION	(This heart finjury	does not mailure, asthor compliant ANTEC	CONDITION ON TO DEAT ean the mode o enia, etc. It men cation, which c CEDENT CAUS ONDITIONS, II OVE CAUSE (A) CONDITION LA	FH dying, e. g ns the diseas aused death EES FANY, GIVIN STATING TH	e, DUE TO		of ligeres		DISSET AND DEATH
CERT	TRIBUT	ING TO TH	CANT CONDITION OR CONDITION	NOT RELATE	D				
	19A. DAT	E OF OPE	RATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
1EDICAL	LYING	OR CONT	AS UNDER- TRIBUTING		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			re City, give e	xact location)
M	F INJU		(Day) (Year)	1 2 2 2 2	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		Ration
	deceased	d alive on		ended the	deceased from O	red at 1/ Am.,	to Jul /7	2, 1957, the	at I last saw the
	23A. SIG	NATURE	Anda.	1.		3B. ADDRESS	1/0 X A.	23	C. DATE SIGNED
24 TIC	A. BURIA ON, REMOVA BUI	L CREMA- L (Specify)	24B. DATE 7-19-		M. D. 24c. NAME OF CEMETE Holy Rede		24b. LOCATION (C) Baltimo		unity) (State)
	ATE RECE		REGISTRAR'	SIGNATU	RE	25. FUNERAL DIRE	CTOR		DRESS

Misus, My Lilly & Zeiler, , Inc 403 S. Wolfe Str.,

DATE RECEIVED BY LOCAL REGISTRAR UL 181952 VS 150



	=()	0-04	BAI	TIMORE CITY HE	EALTH DEPARTMENT	52	6637
ВІ	RTH NO.	6637		CERTIFICAT	E OF DEATH	Registered No	
		DECEASED				2. DATE	
(T	ype or Print	SARAH	F.	COHEN		OF JULY	17,1952
	PLACE OF Baltimore				4. USUAL RESIDENCE (W		stitution : residence before admission
В.	FULL NAM	E OF (If not in hospit	al or institut	ion, give street address or location)			
	STITUTION		111	AUE	C. CITY OF TOWN (III	outside corporate limits.	write RURAL and giv township
7	1	O TEICNA		Yrs.	D. STREET ADDRESS (If r		71
	ength of	stay in Baltimore	5	Mos.	4213 FERNI	HILL AUG	
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH		der I Year If Under 24 Hours hs; Days Hours: Min.
FE	MALE	WHITE		Dow		75	lio. Days kilours min
		OCCUPATION (Give kind of out of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY
H	OUSE	WIFE			LITHUAN19		U.S.A.
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
1	OSES		ITZ		ANNA		
Yes	. WAS DECE.	ASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	VO				MORTON COHEN	- 3504 (6	PLEY RD
	18. 3 5	16.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISE	ASE OR CONDITION		7.		. 44-14-14-14	,
	(This de	oes not mean the mode of	f dying, e. s	(A)	BAR PALSY	***************************************	4 4RS
		or complication which o					
		ANTECEDENT CAUS	SES		0.0-		
Z	DISEAS	SES OR CONDITIONS, IS	FANY CIVIN	(B)	REBRAL ART	ERIOSCLERAS	15 4 YRS
Ĕ	RISE TO	THE ABOVE CAUSE (A)	STATING TH				
CA	ONDER	ETING CONDITION EX	.51.	(C)		***************************************	
ERTIFICATION		11					
F		SIGNIFICANT CONDI					
CE		NG TO THE DEATH, BUT DISEASE OR CONDITION					New York
J	19A. DATE	OF OPERATION	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL			1 215 DI	ACE OF INJURY (:	Late WHERE DID. /M	in Dalaimon Cit. wie	YES NO
MEDI		OR CONTRIBUTING F DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		in Baltimore City, giv	e exact location)
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
L			m.	WHILE AT NOT WHILE			
	22. I her	eby eertify that I att	ended the	deceased from	1949 to 2	uly 17, 1953	that I last saw th
	deeeased				rred at 5 Pm., from th		
	23A. SIGN		11/		23B. ADDRESS		23c. DATE SIGNED
		Muru	7. N	ach M.D.	0443 Park HE	ights ave	1/18/52
TIG	N. REMOVAL	(Specify)		24c. NAME OF CEMETE		CATION (City, town, or	county) (State)
_	SURIPI		1952	HERRING		LTO.	rig
	CAL REGI		SSIGNATI	IRE ///	25. FUNERAL DIRECTOR	2	DDRESS
_	1111 1 0	1050 Thurling	glove /	dualus, My	act deurs.	me, - 2100	6 cetaro O'L



BALTIMORE CITY HEALTH DEPARTMENT

Registered No_ CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE July 16, 1952 (Type or Print) ANNA L. MAYER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside eorporate limits, write RURAL and give INSTITUTION township) Doctor's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location c. Length of stay in Baltimore Days 3871 Barrington Rd 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. Sept. 7, 1866 female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Kentucky Housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Huber George Kunzman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, uo or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Rev. Fred S.Mayer-3814 Barrington Rd. 11424 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE ATT NOT WHILE! 6 -3- 1952 to /-/6-, 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ 1 - 16. 195 and that death occurred at 11.05 m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE 23C DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 7/19/52 Lorraine Cem. Woodlawn, Md. Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

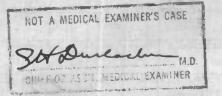
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

D	52	6639
Registered	No	

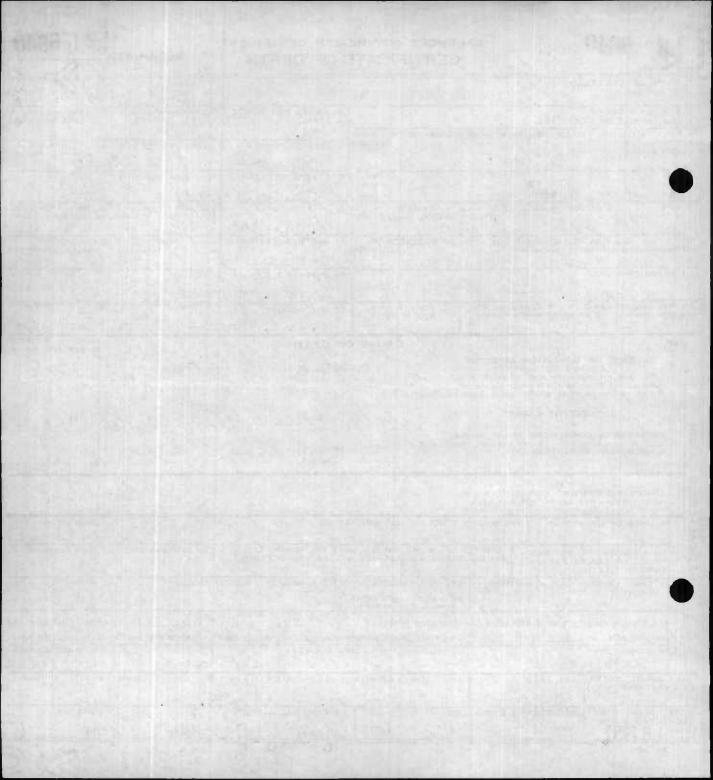
- 6	IRIH NO.								
	NAME OF D Type or Print)		HN HIRA	M LONG		2. DATE JU.	ly 16, 1952		
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (\) A. STATE		f institution: residence before admission)		
	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or	Md.				
		laryland Gene	ral Hos	location)	c, CITY OR TOWN (I	f outside corporate lim	its, write RURAL and give		
	Die Co	0.25			Baltimore	10	-03 township)		
7	OTHER DE			Yrs.	D. STREET ADDRESS (If rural, give location)				
	enoth of a	tay in Baltimore		Mos.	1212 W. Lon				
	SEX	6. COLOR OR RACE	17 CINCI	Days E. MARRIED.	8. DATE OF BIRTH		II Under 1 Year If Under 24 Hours		
			WIDOW	ED, DIVORCED (Specify)		last hirthday)			
-	nale	white	marr	led	Feb. 22, 1879	13			
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF		
1100				eries	Winginia		WHAT COUNTRY?		
13	Clerk B. FATHER'S N		Groc	etres	Virginia 14. MOTHER'S MAIDEN N				
				IM		AME			
		l Long			Unknown				
1	5. WAS DECEASE	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
(x	ss, no or nakauwa)	(II yes, give war or date	es of service)	705-12-1289	Mrs. Bessie H.	Tong - 1212	W. Lombard St.		
-	-			1102-15-1503	MIS. Dessie H.	Hous - TETE			
	18. 592	-X		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND BEATH		
	(This does	LEADING TO DEA	TH of duing a	Cort	more Throw	bores	3 days		
	heart failu	re, asthenia, ctc. It mes	ans the diseas	e,		************************************			
	injury or	complication which	caused death	.) DUE TO					
		ANTECEDENT CAUS	SES	9	-				
Z				(B) ny	extension				
ō		S OR CONDITIONS, I				***************************************	***********		
F		HE ABOVE CAUSE (A)		E DUE TO	- 1:0	1			
Ü				(C)	10 comment in	Areun			
ī				MATTER AND	men negan	LUI B			
E	OTHER	II IGNIFICANT CÓND	ITIONS CO.						
ERTIFICATION		TO THE DEATH, BUT							
Ū	TO THE D	ISEASE OR CONDITION	CAUSING I	т					
J	19A. DATE O	F OPERATION 1	19в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
4							YES NO X		
0	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i		If in Baltimore City,	give exact location)		
MEDICAL		R CONTRIBUTING	about home,	arm, factory, street, office bldg.,	te.) INJURY OCCUR?				
7		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
L	FINJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORK	2 2				
	22. I hereb	y certify that I at	tended the	deceased from Ju	4 13 , 1952, to_	, 19	_, that I last saw the		
	deccased al	live on July 13	_ 1952	and that death occur	red atm., from t	he causes and on	the date stated above.		
	23A. SIGNAT	TURE	. 1	2	3B. ADDRESS		23c. DATE SIGNED		
	Dy . C	harks of ?	Verste	M. D.	1730 Luiden	CLAB	July 18/52		
2	79.			24C. NAME OF CEMETE		OCATION (City, town			
Ti	4A. BURIAL. CON. REMOVAL (S	necify) 7/70/E		Lorraine Cem.		dlawn, Md.	()		
	Buria	7/19/5	2	Pollarie Ceu.	1 - (1) - 0	Javar 9 mus			
	ATE RECEIVE		'S SIGNATU	IRE	25. FUNERAL DIRECTOR	60	Appress		
-			1 11		11/1/1/1 Pal 10/10/	The Man of A .			
	OCAL REGIST		+ 1/1	11:00	W/JU/Jon Jay The	A LO ALON) V	VIII		
_	UL 1819		ston W	llique MD	William . Y .	Mener 4	Xus		
_			ston W	Misur, MD	A Property of the second	yener y	2 MM		
	UL 1819		gton W	Mixwe MIP.	6A 1	Bulto 1	7, Md.		



BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO. CERTIFICATE OF DEATH Registered NO.										
	NAME OF D	ECEASED				2. DATE				
(T	'ype or Print)		IDA G	ERTRUDE LORMAN		OF DEATH	July 16, 1952			
	PLACE OF D				4. USUAL RESIDENCE (V	Vhere deceased lived. I				
-	FULL NAME	City, Maryland	al or institut	ion, give street address or	A. STATE	B. COUNTY	before admission)			
H	OSPITAL OR			location)		outside corporate limi	its, write RURAL and give			
IIN	ISTITUTION	1700 Park /	lve.		Baltimore	15-	township)			
				Yrs.	D. STREET ADDRESS (If	rural, give location)	100			
	Length of s	stay in Baltimore		Mos.	258h Druid Pa	rela Dani zeo				
-	SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours			
		. 1. 2 4		/ED, DIVORCED (Specify)	1 76 -0-	last birthday) M	Ionths Days Hours Min.			
	emale	white CUPATION (Give kind of		ngle O OF BUSINESS OR	Aug. 16, 1875	oreign country)	LIO CITIZEN OF			
worl	done during most	of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT					
10		Teacher	Publ	ic School	Maryland					
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME				
		owell S. Lorma			Elenor V. Under	wood boow.				
	. WAS DECEAS:	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	-				Mr. H. H. Lorma	in - 2584 Dri	aid Park Drive			
	18. 47	2,1		CAUSE	OF DEATH /		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY									
	LEADING TO DEATH									
	heart failure, asthenia, etc. It means the disease,									
	4									
	ANTECEDENT CAUSES Orthon Apleration - Candon									
0	DISEASES OR CONDITIONS, IF ANY, GIVING									
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
U	(c)									
ERTIFICATION	11									
RT		SIGNIFICANT CONDI								
CE		TO THE DEATH, BUT								
7	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?			
A						YES NO				
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give ex									
ME	CAUSE OF DEATH									
	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?				
	INSCIT		m.	WHILE AT NOT WHILE						
	22 I horeh	ou contifeethat I att			fer. 22 1952 to	vely 16 196	2that I last saw the			
		22. I hereby certify that I attended the deceased from 194, 195, to 184, 195, deceased alive on 184, 195, and that death occurred at 4 9 m., from the causes and on the								
	23A. SIGNA		(/)	12	220 ADDDESS ALL 220 DATE SIGNED					
	3	Homan y o	1/00	dd M.D.	2108 81	lane st	7/17/52			
24a. BURIAL, CREMA- 24b. DATE . 24c. NAME of CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State										
TION, REMOVAL (Specify)										
D	Buria ATE RECEIVE		S SIGNATU	Green Mount	25. FUNERAL DIRECTOR	100	ADDRESS			
	DCAL REGIST	RAR	+ 11	111. 1450	1//m + 1/	alener 4	Sms			
1	JL 1819	1 Juntary	show he	Migrup Mr.	A. 1111. W. 2	1)	000			
	VS 150	1	1 2 4	this to	0 . 9 4	1010h	17/md			
	vouce 11, "Va.									

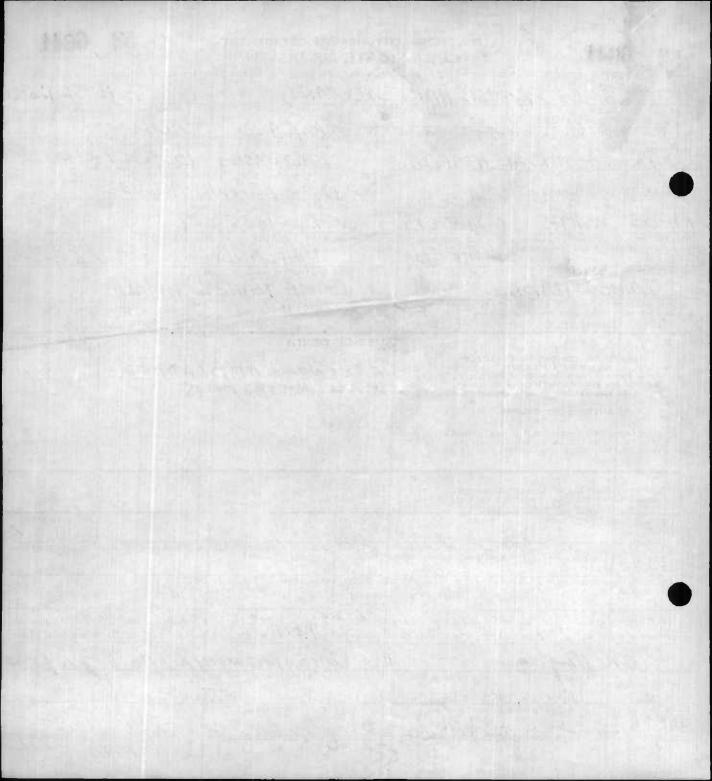


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BALTIMORE CITY HEALTH DEPARTMENT

59	COAA
UC	6641
egistered No	

В1	52 NO. 61	641		CERTIFICATI	E OF DEATH	Registered N	5641		
	NAME OF D	IAMES FRI	ANGIS	HARTSR.	(MR.)	2. DATE OF TOP	16-52 1:3577M		
A.		City, Maryland		on, give street address or	4. USUAL RESIDENCE	(Where deceased lived. If	institution : residence before admission)		
HO	FULL NAME SPITAL OR STITUTION			location)	c. CITY OR TOWN	(If outside corporate limits	write RURAL and give		
	INION	MEMORIA	L HOS	Yrs.	D. STREET ADDRESS	(If rural, give location)	1-14		
6.		stay in Baltimore	2 61961 6	Mos, Days	4204 ROLF	AND AVENU	Under 1 Year If Under 24 Hours		
MALE WHITE MARKIED, WIDOWED, DIVORCED (Special MARKIED)				ED, DIVORCED (Specify)					
10 work	done during most	CUPATION (Give kind of of working life, even if retired)	RETT	OF BUSINESS OR INDUSTRY	MARYLANI	r foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S	NAME	PE	MALSUPPHE	14. MOTHER'S MAIDEN	NAME	0.3/11		
	JAN	1ES HART		(4)	EMMA ISABEL THOMAS				
	. WAS DECEAS , no or unknown)	3.7	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS		
1	18. / 🚿	None			Mr. James F. Ha	art, Jr -62111	OSSWAY		
CERTIFICATION	DISEASE RISE TO 1 UNDERL	LEADING TO DEAT s not mean the mode of the, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION IS TO THE DEATH, BUT DISEASE OR CONDITION	f dying, e. g ins the disease aused death. SES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	CINOMA OF				
	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
TEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, officebldg., etc.) INJURY OCCUR? (If in Baltimore City, give INJURY OCCUR?								
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
	22. I hereby certify that I attended the deceased from 6-24, 1952, to 7-16, 1952, that I last saw the deceased alive on 7-16, 1952, and that death occurred at 1:35 Pm., from the causes and on the date stated above.								
	23A. SIGNA			2	38. ADDRESS	ORIAL HOS	23c. DATE SIGNED		
24	A. BURIAL.	CREMA- 24 DATE	1 - 1 - 2	M. D. 1 24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town,	or county) (State)		
110	N. REMOVAL (S Burial	July 18.	1952	New Cathedral	Comptom	ltimore, Maryl	and		
DA	TE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTO		ADDRESS		
	VS 150 29065 6/6 3 Ballo 17, ML								

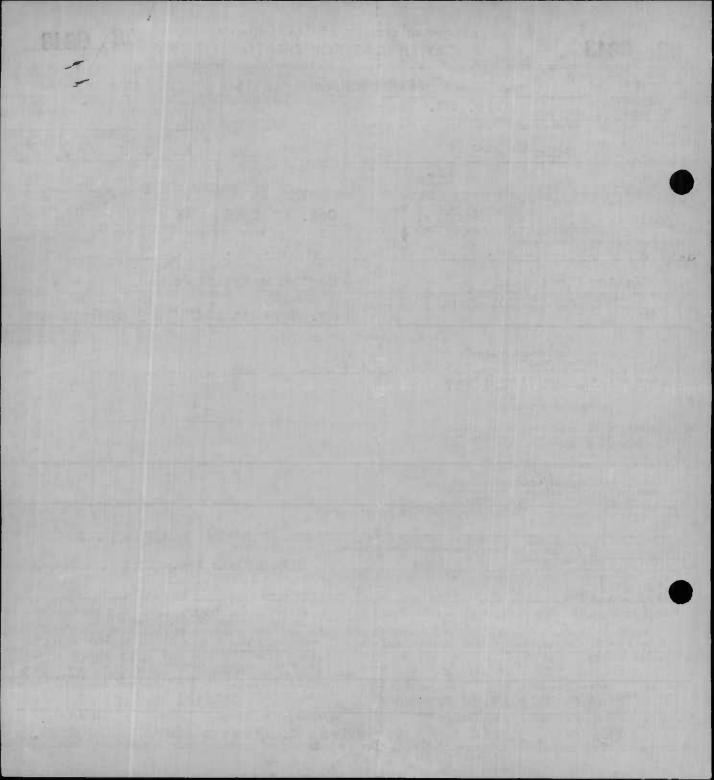


BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF AUGUSTA REESE DEATHULY 17- 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 5/5 N. HIGHLAND A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give location) 72 YES Yrs. Mos. ength of stay in Baltimore 515 N- HIGHLAND Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years ft Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) FEMALE WHITE SEPT 18. 1867 WIDOWIED 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? AT HOME GERMANY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HERMAN AMELIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, po or upknown) SECURITY NO. NO MRS. MINNIE MILLER 515 N. HIGHLAND INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Heat extensition (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from. that I last saw the 16 19 7 and that death ofcurred at m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) BURIAL COLGATE JULY 19, 1952 OAK DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 2008 LOCAL REGISTRAR J. WLLBICH ORLKANS ST

WIN THE REST. METERS IN NO GO TO KNOW THE TOTAL THE REPORT OF THE REPORT OF THE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5643 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) RÖSE Rockschmidt July 16, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: Balto. Md. B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township Union Memorial Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Life Mos. length of stay in Baltimore 2709 Hemlock Avenue Days 7. SINGLE, MARRIED If Undar 1 Year 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. WIDOWED DIVORCED (Specify)
Married 28.1908 female white 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF workdone during most of working life, even if retired)
Panyis Maker INDUSTRY WHAT COUNTRY? Molofsky Balto. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Walter Kostalek Bertha Walzienc, v 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Brockschmidt 2709 Hemlock Ave No CAUSE OF DEATH ONSET AND OEATH DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Gunshot wound of head heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A CONTRIB-UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? home 2709 Hemlock Ave. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY July 16, 1952 3:00 P. m. WORK 22. I certify that I took charge of the remains described above, held an . thereon and from. Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident []. suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) July 19.52 Parkwood Baltimore ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTBAR 6067 Harford Rd. Heemann



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. CO'NTY) before admissi A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL mil Yrs. D. STREET ADDRESS (If rural, give location) ength of stay in Baltimore 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years If Under) Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown Rest Waiter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO JOHNS HOPKINS HOSPITAL 5-10-0960 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) hypertenine carliovarcular

DE TO rend duiare & pulmany

(B) Clena + minine LEADING TO DEATH (This does not mean the mode of dying, e.g., 16 UM heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. left revel calculi = hydro OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 2 Ic. WHERE DID 21A. ACCIDENT WAS UNDER-

about home, farm, factory, street, office bldg etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

22. I hereby certify that I attended the deceased from L

deceased alive on 7-16-19 52 and that death occurred at 3:28 m., from the causes and on the date stated above. 23A. SIGNATURE

. 195 2that I last saw the 23c. DATE SIGNED JOHN'S HOPKINS HOSPITAL

	11/11	LAKE	/	MARA			М.	D.	ļ
BURIAL, CREMA- REMOVAL (Specify)	248.	DATE	AL	24c.	NAME	OF	CE	ME	7

M.

ERY OR CREMATORY 24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY

St. Peters Cem REGISTRAR'S SIGNATURE.

Baltimore.

LOCAL REGISTRAR

5. FUNERAL DIRECTOR

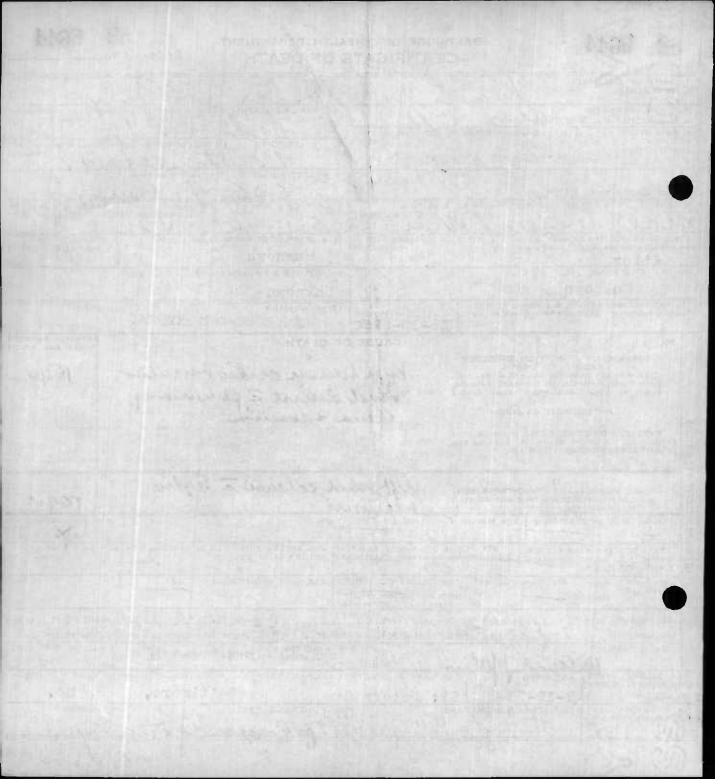
ADDRESS

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24A.

TION.

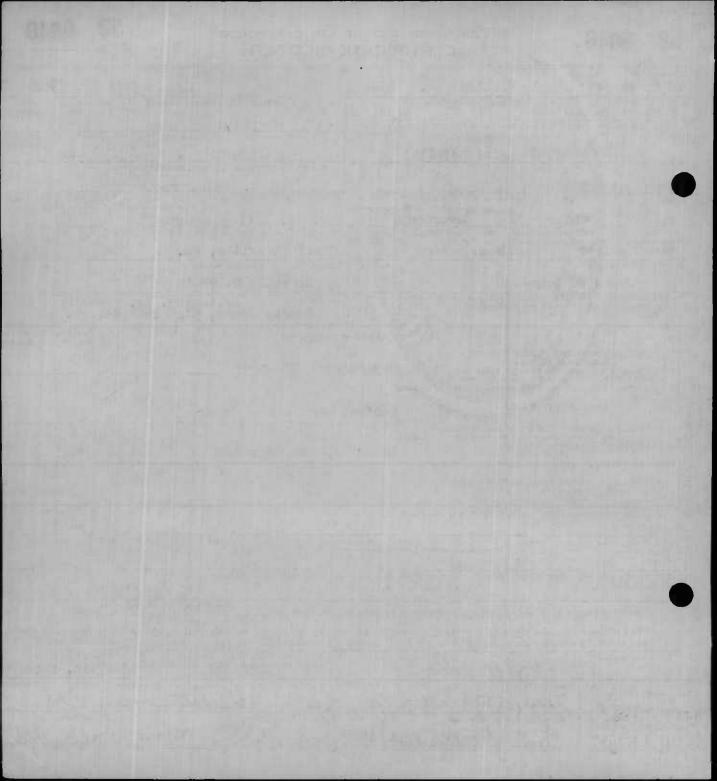


CERTIFICATE OF DEATH

Registered No. 6645

BIRTH NO.						
1. NAME OF DECEA (Type or Print)		osie I	ena Lawson		2. DATE OF Jul	y 15,1952
S. PLACE OF DEATH A. Baltimore City, B. FULL NAME OF HOSPITAL OR INSTITUTION	Maryland		ion, give street address or location)	A. STATE		f institution: residence before admission) its, write RURAL and give township)
ength of stay			Yrs. Mos. Days	D. STREET ADDRE	ess (If rural, give location) ondson Ave.	
5. SEX 6. C	olor or RACE		E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) last birthday) M	ff Under 1 Year If Under 24 Hours Min.
10A. USUAL OCCUP, work done during most of work Housewif	Ing life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	North Ca:	ctate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Thomas :	Maitland				nown	9 b.
(Yes, no or nnknown) (I	yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Mr, Winst	on Lawson 817	Edmondson A
Z O DISEASES OR RISE TO THE A UNDERLYING OTHER SIGNI TRIBUTING TO	R CONDITION RIGHT TO DEA mean the mode of thenia, etc. It mes plication which ECEDENT CAU: CONDITIONS, 1 BOVE CAUSE (A) CONDITION L/ II IFICANT COND THE DEATH, BUT SE OR CONDITION	TH of dying, e. g. ins the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B)	perteur	Heart Desc we Vissenla see and	ese 6 days
19A. DATE OF OF	PERATION 0 1	9в. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT. HOMICIDE (S) 21D. TIME (Mont F INJURY) 22. I hereby ce deceased alive 23A SIGNATURE 24A. BURIAL, CREM TION, REMOVAL (Specifi	rtify that I att	(Hour) m. dended the	and that death occur	injury occur 21f. How DID 21f. How DID red at IP m., 38. ADDRESS	injury occur? to July 15, 195 from the causes and on the Carlon (City, town 24b. LOCATION (City, town	that I last saw the the date stated above.
Burial DATE RECEIVED BY LOCAL REGISTRAR JUL 18 195	7-19-5		Mt. Auburn	Cem 25. FUNERAL DIRI	7626	Address 578 u Biddle H

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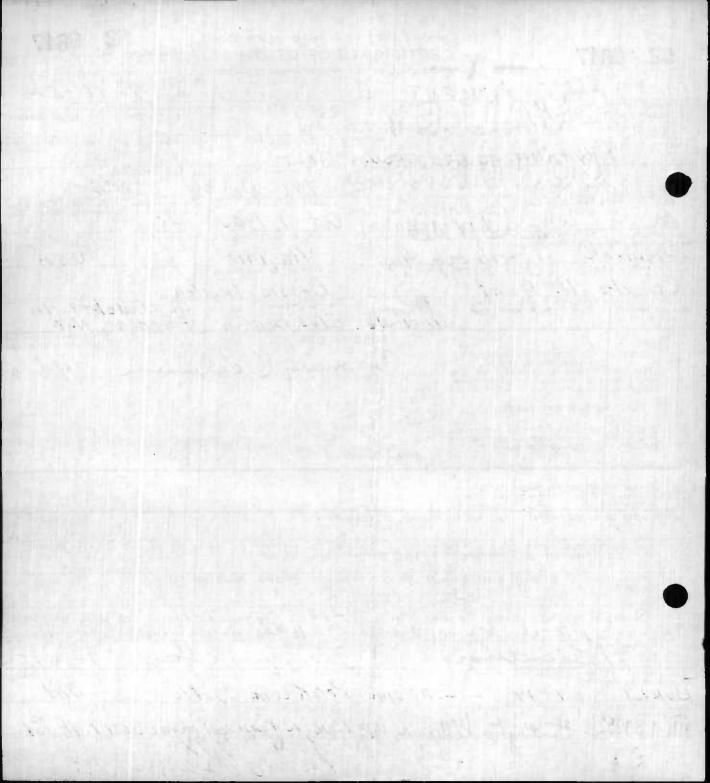


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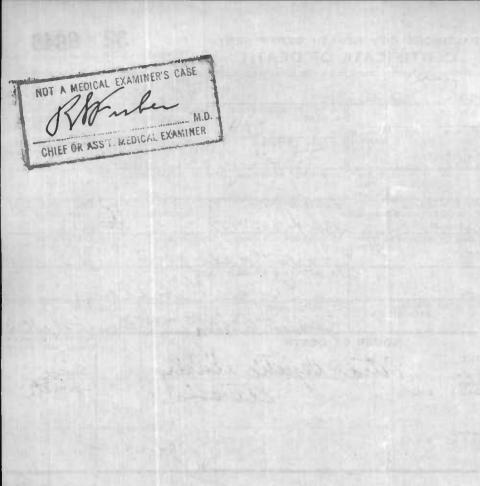
BALTIMORE CITY HEALTH DEPARTMENT

52 6647

В	52NO	6647			CERTIF	FICAT	E OF DEATH	Re	gistered N	0	3047
1.	NAME C	of DECEAS	RT	IINC.	ENT	E		2. DAT	2-	16	-52
		ore City, N					4. USUAL RESIDENCE	E (Where decea			on: residence before admission
В.	FULL NA	ME OF	(If not in hospit	al or institut	ion, give stree	t address or					
11	STITUTIO	ON FRE	nKlin	Sana	De Ho	2512.	BALTO.	(If outside co	rporate limits	Write	RURAL and giv township
7				400	700	Yrs. Mos.	D. STREET ADDRESS	(If rural, give	location)		Sarah
-	ength		Baltimore OR OR RACE	7 611161	MARRIER	Days	701 W	34	STRE	-	
	M		W	WIDOW	E. MARRIED, PED, DIVORC OR CED		Cct 7 190	6 last b	irthday) Mon	under 1 Year ths Da	at M Under 24 Hours Ays Hours Min.
WOF	L.done during	most of working	ION (Give kind of life, even if retired)	108. KIND	OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (State	or foreign coun	itry)		TIZEN OF
13		PER'S NAME		Hoosi	rd Sh	10	14. MOTHER'S MAIDER	N NAME		L	15A
	Cha	eles	14. 11:	nt			Bessie 7	Dacker			
15 (Ye	. WAS DEC	EASED EVER	IN U. S. ARMEI	FORCES?	16. SOCIAL	L ITY NO.	17. INFORMANT	KECTETE UL	Uknoke	DES	+ Alle
_					217-01-	3162	Elva Behner	ns Fre	SEDORT	N	. Y.
	18. 4	20.1	1			CAUSE	OF DEATH		415		ERVAL BETWEEN
		LEAD	CONDITION ING TO DEAT ean the mode of	TH	(Cor	mary Oc	olun.			48.00
	heart	failure, asth	enia, etc. It mea	ns the disease	2.						1-10-00
		ANTEC	EDENT CAUS	ES						-	
Z	DISE	ASES OR CO	ONDITIONS, II	F ANY. GIVIN	(B)	••••••••			***************************************		*************
ATI	RISE	TO THE ABO	VE CAUSE (A) ONDITION LA	STATING TH	E DUE TO						
FIC					(C)				***************************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ERTIFICATION	ОТНЕ	R SIGNIFI	II CANT CONDI	TIONS CON				10 1250			
CE			E DEATH, BUT OR CONDITION								
AL	19A. DA	TE OF OPE	RATION 1	9B. MAJOR	FINDINGS	OF OPER	ATION				AUTOPSY?
EDICAL	LYING[OR CONT	AS UNDER-	21B. PLA about home, fo	CE OF INJU	RY (e. g., in	or 21c. WHERE DID	(If in Baltin	more City, gi	ive exac	-
Σ	21D. TIM		(Day) (Year)	(Hour) 2	21E. INJURY	OCCURR	ED 21F, HOW DID INJ	URY OCCUR	7		
	F INJU	JRY		m. v	HILE AT WORK	NOT WHILE					
R	22. I he	ercby certi	fy that I att				-16 ,1954 to	7-16	1957	Lthat	I last saw the
	decease	d alive on.	70-16	. 1952.	and that de	ath occur	red at 11 25 Am., fro	m the causes	and on the	c date	stated above
	23A. SIC	NATURE	Lind	elar		M. D. 2	39. ADDRESS	u Ho.	-0	23c. I	DATE SIGNED
		AL (Specify)	248. DATE	2	4c. NAME o		RY OR CREMATORY 24	D. LOCATION	(City, town, o	or count	y) · (State)
1	URIZ	/	7-19	-52 1	LORRE	ine i	Park Cemi	132/10		1.	nd
LO	CAL RECE	SISTEAR	REGISTRAR'	SSIGNATU	RE		Bus A Final	OR	2	ADDRE	ISS
77	VS 15	1996	Hunting	ton W	Maura,	MEP	surged one	35/ How	10 5631	15	18 KG
	V3 15		0	Market St.	924	855	- House	Blue	'gee }	pr	
					Control of the local		-00	/			



1	2	ned Edam Cove Released	
	-	BALTIMORE CITY H	EALTH DEPARTMENT 52 6648
	3	RTH NO. CERTIFICAT	E OF DEATH Registered No.
	1. (T	NAME OF DECEASED THE PRINT OF T	2. DATE OF 10 10 1053
		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deccased live). If institution: residence
	В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	
		DESPITAL OR STITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
egibiy		Yrs.	D. STREET ADDRESS (If rural, give location)
leg		Length of stay in Baltimore Mos. Days	
y and	7	6. COLOR OR RACE 7. SINGLE, MARRIED, WYOOWED, DIVERCED (Specify	Sept-22 1957 1 26
cleari	worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	11. E/RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
death		Russell Galm	14. MOTHER'S MAIDEN NAME
io sas	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or nnknown) (If yes, give war nr dates of service) SECURITY NO.	17. INFORMANT ADDRESS Russel Hill
cans		18. 75 6,2 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
aua		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	-denatie Riliary Sing
allie		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	attaci lunch
W		ANTEGEDENT CAUSES	CERTIFICATION APPROVED BY
reas	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	ESTIFICATION AFT.
d . e	AT	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)	CERTIFICAL EXPOSITION.
THUE!	TFIC		ACST. MICH EXIL
ne full	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED	CHIEF OR ASST. MICH.
	1	194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPER	PATION BLANCE TRESIA, 20. AUTOPSY?
TIMO TO	DICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory refrect, office bldg.	in or 21C. WHERE DID (I in Daltimore City, give exact location) etc.) INJURY OCCUE?
dian	ME	CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	EED 21F, HOW DID INJURY OCCUR?
Cres		F INJURY WHILE AT WORK AT WORK AT WORK	
1		22. I hereby certify that I oftended the deceased from 7	//7_, 1952to, 19, that I last saw the
			rred at 10:10 fm., from the causes and on the date stated above.
		Mi Ui	238. ADDRESS HOPKINS HOSPITAL 23C, DATE SIGNED 7/18/52
	TIC	NA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
2011	DA	THE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
-	LC	JUL 8 1952 Funtington Williamore Man	Charles 6. Furt Parrells ville
		VS 150	651517 md



Leben Historic Street

52 0040

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

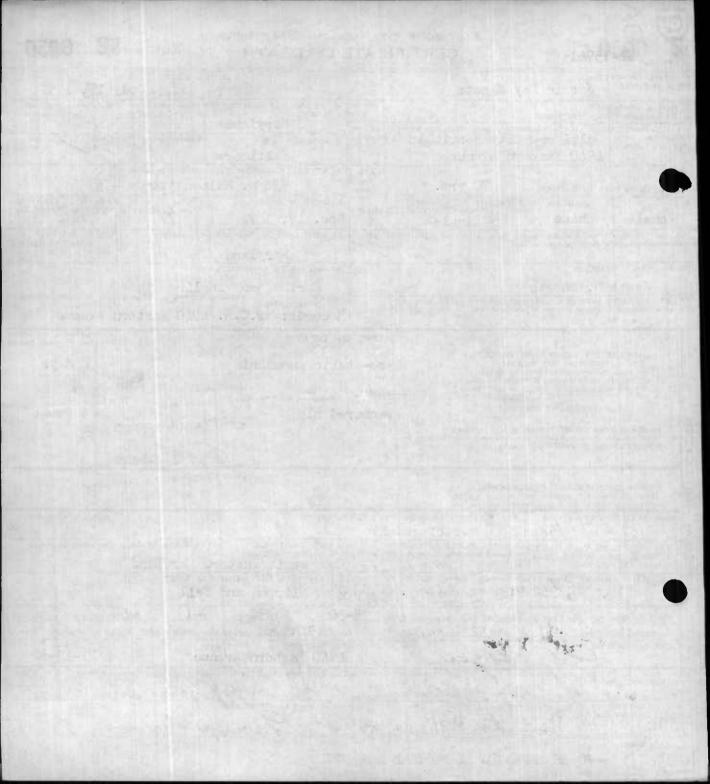
52 6649
Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE	
Jacob	0.312	Ho]	Lloway	DEATH JU	Ly-17-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Ba			4. USUAL RESIDER	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	I or instituti	on, give street address or location)	c. CITY OR TOWN	and (If outside corporate i	
921 Pierce Street Yrs.			Baltimore		
			D. STREET ADDRES	(If rural, give location)	
c. Length of stay in Baltimore	35 Yrs			Street	
5. SEX 6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.
Male Col.	Wide	owed	Feb13th.		
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carptner 13. FATHER'S NAME	Gener	ral Work	Midsville	Georgia DEN NAME	U.S.A.
Jackson Hollo			Tena	Tiler	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			Beulah Tho	mpson 921 Pie	erce St
DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can an a	H 'dying, e.g.' 'dying, e.g.' s the disease used death. ES ANY, GIVIN' STATING TH ST. TIONS CON NOT RELATE! CAUSING IT	(B)		In dise	INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0 18	B. MAJOR	FINDINGS OF OPER	ATION		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLA about home, fa	CE OF INJURY (e. g., is arm, factory, street, office bldg., e	o or 21c. WHERE DI	D (If in Baltimore City?	y, give exact location)
1D. TIME (Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	m. W	WORK NOT WHILE			
22. I hereby certify that I attended the deceased from 1 191, to 191, that I last saw t deceased alive on 1, 19 and that death occurred at 1, 19 m., from the causes and on the date stated about					the date stated above.
23A. SIGNATURE W	15	м. р.	3B. ADDRESS	enter y	23c. DATE SIGNED
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)		4c. NAME OF CEMETE	RY OR CREMATORY	24b. LOGATION (City, to	wn, or county) (State)
Burial 7/21/19	52	Arbutus Mer			Balto. Md.
LOCAL REGISTRAR	ton	Miaus M.P.	Elwy Will	sond jone Br	sally me
JUL 5 150	1	7 5	2 . (V

3	20
52	665159615
BIRTH	NO. ED-197019

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 52 6650

	RTH NO. 157615		CERTIFICAT	E OF DEATH		3000
	NAME OF DECEASED ype or Print) Jessie Ma;	Sheets	5		2. DATE OF DEATH July	17, 1952
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hosp	tal or institut	ion, give street address o	A. STATE Marylar	E (Where deceased lived, If i	nstitution : residence before admission)
	DESPITAL OR Baltimore 4940 Easte			c. CITY OR TOWN Baltimo	(If outside corpor the limit	vrite RUBAL and give township)
	ogth of stay in Baltimore	70 y	Yrs. Mos. Days	530 N	(If rural, give location) Milton Avenue -	5
5.	Female 6.COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last hirthday) Mor	Under 1 Year If Under 24 Hours https://doi.org/10.1001
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY			11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME	
	Jesse H. Sheets			Martha Ann	Yingling	
	S. WAS DECEASED EVER IN U. S. ARM a, no or unknown) (If yee, give war or de		16. SOCIAL SECURITY NO.	17. INFORMANT Records: B.C.	.H. 4940 Eastern	Avenue
	18. F904.0.	TO THE	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		Many a	A . A		8 days
	(This does not mean the mode	of dying, e.	6., (A)	tatic pneumonia	3	o days
	heart failure, asthonia, etc. It me injury or complication which	eaused death	L) DUE TO			
	ANTECEDENT CAL	SES	Fractu	red hip		6 weeks
Z	DISEASES OR CONDITIONS.	IF ANY, GIVIN	(8)	CE CE	RTIFICATION APPROVE	n ev
Ĕ	RISE TO THE ABOVE CAUSE (A	STATING TI			001	.0 01
2			(C)		IPM roke	
RTIFICATION	II	atte an		CI	HIEF OR ASST. MEDICAL EXAMI	NEP.
CER	OTHER SIGNIFICANT CONG TRIBUTING TO THE DEATH, BU' TO THE DISEASE OR CONDITION	NOT RELATE	ED			
	19A. DATE OF OPERATION	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
SA	5/30/52 - 6/27/52		ractured hip	L day www.sps. Sup.	All in Politica City	YES ND X
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.	etc.) INJURY OCCUR?	(If in Baltimore City, g ster, Maryland	5641
Σ	21D. TIME (Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCUR	RED 21F. HOW DID IN	JURY OCCUR?	
L	May 30,1952 9	1:30 pm	WHILE AT NOT WHILE	Slipped a	and fell	
	22. I hereby certify that I a deceased alive on 7-17	ttended the	deceased from		o 7-17, 1952	
	23A. SIGNATURE	Stre	M. D.	4940 Eastern		7-18-52
	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	20.63	24c. NAME OF CEMET	ERY DR CREMATORY 2	4D. LOCATION (City, town,	or county) (State)
D	ATE RECEIVED BY RECUSTRAL	ngton	Williams, Mr.	25. FUNERAL DIRECT	parol +d.	ADDRESS West.
	VS 150	O	C MEDICAL ENGAN	TMED		
	N 820.0 BE APP	KOAED B	MEDICAL EXAM	IIIVER		



2 6651 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

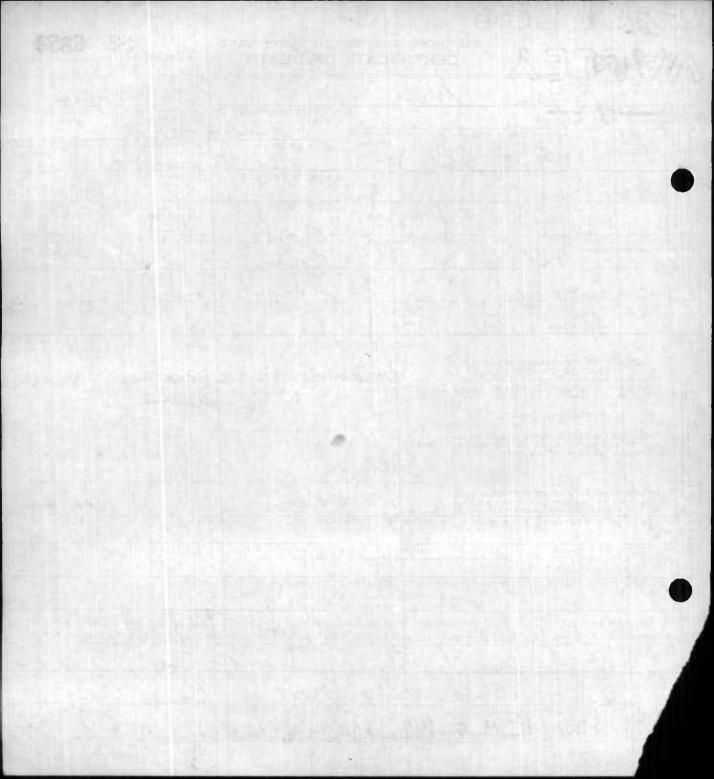
Registered No. 52 5651

1. NAME OF DECEASED (Type or Print)	2. DATE OF
Doohla We	Manh DEATH COLVIG-5
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.	A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION 3	C. CITY OR TOWN (If outside corporate limits, write it VR L and give township)
34HH Caraenasav.	1001701
enoth of stay in Raltimore 50 Yrs Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9, AGE (In years If Under 1 Year If Under 24 mous
WIDOWED, DIVORCED, (Specify	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 notes last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	UCT 8 / 8 / / 3
work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	bermany U.S.A
7,14 11	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Fasolia
(Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
Mone	Antonia ruent ealba abest extended
101	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and all Mitales and
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	mad y manage
injury or complication which caused death.) DUE TO	10 11 M 12 / Yellow D 10
	COUNTY - 10 OCCUPACIÓN (1//
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ATION 20. AUTOPSY?
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER LYING OR CONTRIBUTING DOUBLE LYING OR CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DOUBLE AT WORK	ATION 20. AUTOPSY? YES NO No No. No. No. No. No. No. No. No. No.
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Or Stevens, which

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last birthday)

before admission) (If outside corporate limits, write RURAL and give township) If Under 24 Hours Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign gountry) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Ken 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year no or unknown) (Wyes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 122. INTERVAL BETWEEN /18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! 22. I hereby certify that, I attended the deceased from June 17 July /1, 195 & that I last saw the 19 19 5 and that death occurred at 2: 99 Im., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS BURIAL. CREMA-REMOVAL (Specify) ADDRESS RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

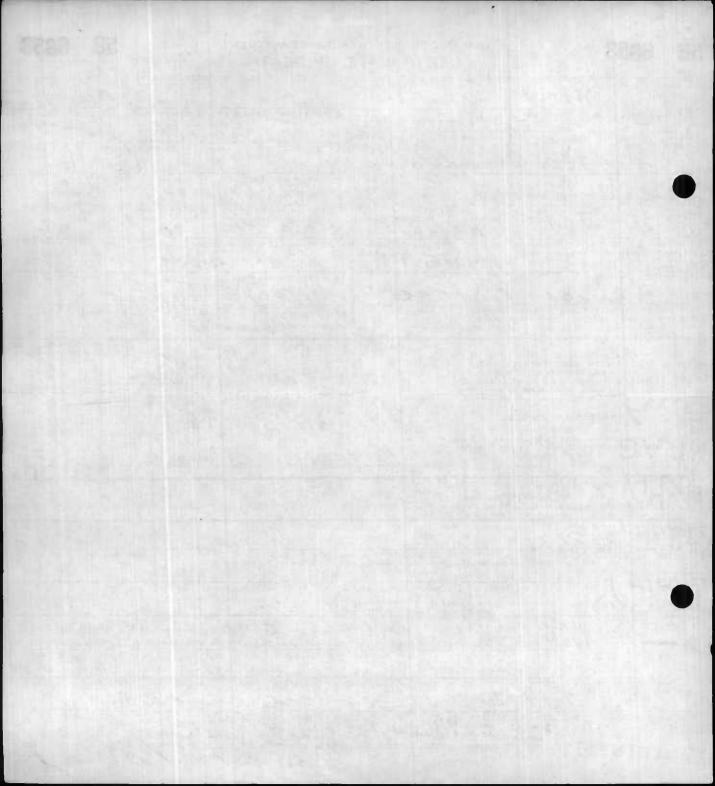


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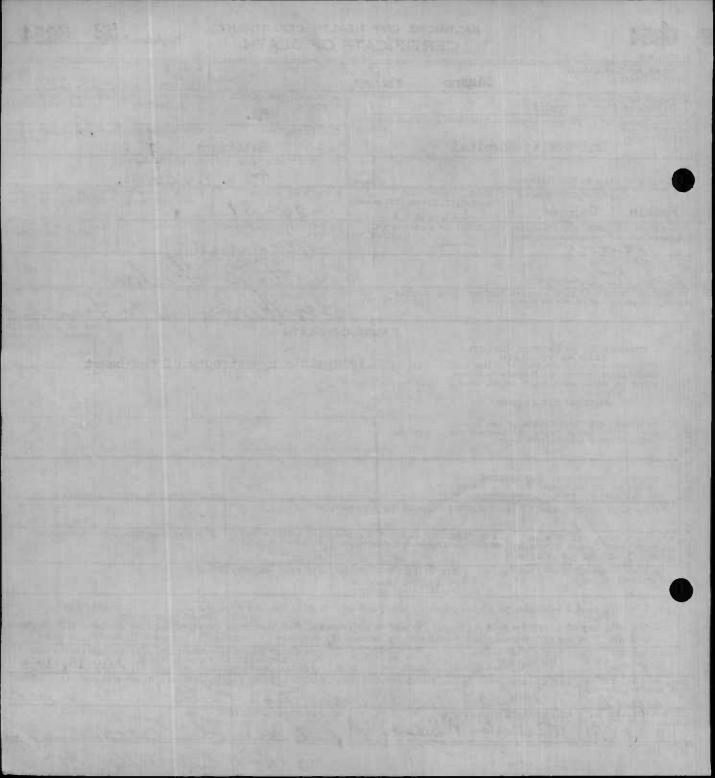
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6653

В	RTH NO.			CERTIFICAT	E OF DEATH	ree grotered 1	
1. (T	NAME OF DECEAS	Mary	Kt	pinhard 1	-	2. DATE OF DEATH /U/	y 16, 1952
	PLACE OF DEATH Baltimore City,		Palti	more Md	4. USUAL RESIDENCE (V	Where deceased lived, If	institution : residence before admission)
В.	FULL NAME OF		100	on, give street address or	Battin	nere,	Md
	SPITAL OR	24011	2000	dels (s	c. CITY OR TOWN (If	outside corporate l'init	write I/URAL and give township)
		7701	· locop	Yrs.	D. STREET ADDRESS (If	rural give location)	7 11
Ċ.	Length of stay in		Life	Mos. Days	A ().	lardale	Rd
5.	emale 6.00	Nute	WIDOW	E. MARRIED. ED, DIVORCED (Specify)	11.30 . P		Under 1 Year Il Under 24 Homs nths Days Hours Min.
I C	A. USUAL OCCUPA	TION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
- (TOUSE WI		40.	46	()A1111	2016	WHAT COUNTRY?
13	FATHER'S NAME		4.4		14. MOTHER'S MAIDEN N	AME	
	ON	KAd	MUE	-1/er	MARY E.	locp E.	
(Ye	. WAS DECEASED EVE	R IN U.S. ARMED yes, give war or dutes	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	e. AI	DDRESS .
	18. 2.1.1			CALIFE	OF DEATH	7	INTERVAL BETWEEN
	241X	CONDITION	DIRECTIV	CAUSE	OF BEATH	ouminal	ONSET AND DEATH
	IFAI	DING TO DEAT	ru	. (A) // / J	Mastatic Pu	Im'y Ordema	1 day
Н	heart failure, ast injury or compl	nenia, etc. It mea:	ns the disease	e, /	refflored a fin fittler in interest and the conserva-		······
		CEDENT CAUS		m	1. 4.	,	/
z				(B) ///4	ocardilis	6	64VS.
OI	RISE TO THE AB	CONDITIONS, IF	STATING TH	G	1 1 1 1	, ,	
LY:	UNDERLYING	CONDITION LA	ST.	(c) D/	onchial Asi	ryma	10:
FIC							
RTI	OTHER SIGNIF	ICANT CONDI	TIONS CON	- /11.10	0.		
国	TRIBUTING TO T	HE DEATH, BUT	NOT RELATE	D /70 0	Uge		
7	19A. DATE OF OP	ERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7
CAI							YES NO
IEDICA	LYING OR CON CAUSE OF DEAT	TRIBUTING	21B. PLA about home, fa	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21C. WHERE DID (1 etc.) INJURY OCCUR?	If in Baltimore City, g	rive exact location)
r	ID. TIME (Month	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
			m. V	WORK NOT WHILE			
	22. I hereby cer	tify that I att	ended the	deceased from Tel	pruary, 1948, to N	uly 16, 195	that I last saw the
	deceased glive of	nd4/4/5	1942,	and that death occur	rred at 3.45 P.m., from t	he causes and on th	ne date stated above.
	23A. STONATURE	11.63	Lag 9	off /M.D. 2	38, ADDRESS Graeum	row T au.	July 16 52
24	A. BURIAL, CREMA	- 24B DATE	2 2		RY OR CREMATORY 24D. L	OCATION (City, town,	or coupty) (State)
_	10.	7.19	.52	Loudon	TARK O	DA/10	•
	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'S	SSIGNATU	Williams, My	25. FUNERAL DIRECTOR	a Cares	ADDRESS
-	JUL-1 8 19:	52	0		/ 3. 5	roat A.	18



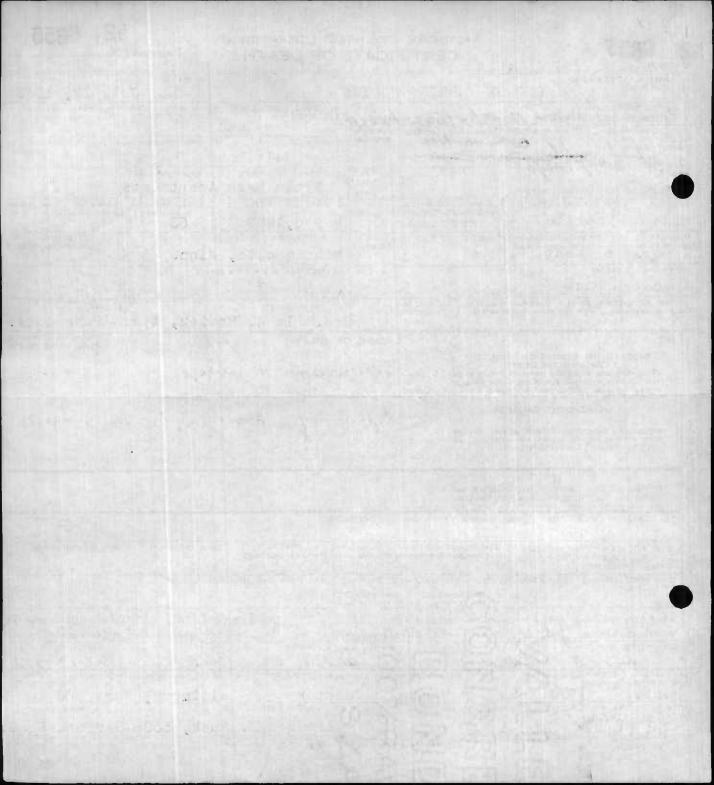
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 56.54 CERTIFICATE OF DEATH BIRTH NO. NAME OF DECEASED 2. DATE (Type or Print) OF Dianne Fisher July 15. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. Baltimore City, Maryland Md. B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, wri e RURAL and give INSTITUTION township) University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 738 W. Franklin St ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | If Under | If Under 24 Hours last birthday) Months; Days Hours; Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female Colored 1-25-51 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR bek done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? cone cru a MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Idiopathic hypertrophy of the heart (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident . suicide . homicide . undetermined . 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER July 16 MEDICAL INVESTIGATOR 24A BURIAL, CREMA-TION BEMOVAL (Specify) CREMA-L 248 DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Luglow VS 151



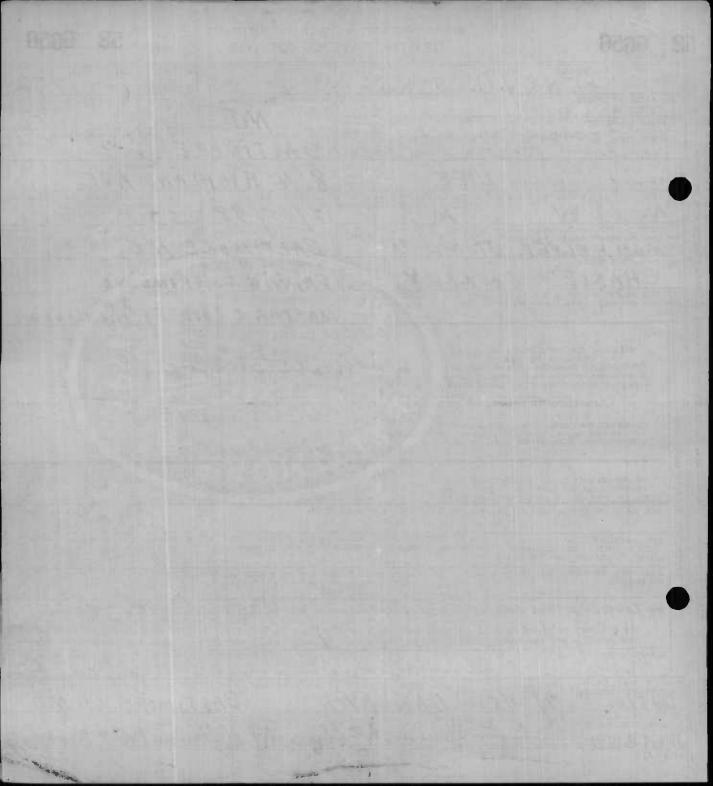
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE OF ORRIN ROVICK July 17, 1952 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Marylan , Pullsh B COUNTY before admission) (If not in hospital or institution, give street address or location) Maryland B. FULL NAME OF HOSPITAL OR (If outside corporate fimits, write RULAL and give C. CITY OR TOWN INSTITUTION townshin) hurchttan Baltimore D. STREET ADDRESS (If rural, give location) Yrs Moe Wyman Park Apartments ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (in years | M Under | Year | If Under 24 Hours | last birthday | Months: Days | Hours | Min. WIDOWED DIVORCED (Specify) male white married May 6,1899 10A USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Insurance Agent Minnespolis. Minn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Rovick Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mrs. Flo A. Rovick, Wyman Park Apts. 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Subsceed noid Hemorrheye (This does not mean the mode of dying, e.g., 2-4 4011 heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Anesigan, Cerebial 3-4 hours RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 100 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE m. WORK AT WORK 1948, to Jul 17 22. I hereby certify that I attended the deceased from . 1952, that I last saw the Am., from the causes and on the date stated above. ely 14, 1952, and that death occurred at deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED mederal 24A. BURIAL CREMA- 24B. DATE TION, REMOVAL Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) Burial Parkwood Cemeterv Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR J. Ruck, 5305 Harford Road.

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Register 520 6656 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission B. FULL NAME OF I f not in hospital or institution, give street address or Accation) (If outside corporat C. CITY OR TOWN AL and gi INSTITUTION (If rural, give location) Yrs. Mos. 14HLAND Length of stav in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE BIRTH 9. AGE (In years | fi bods | Year | If Under 24 Hour last birthday) | Months: Days | Hours: Min WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY CH HELPE 13. FATHER'S NAME REFINER NIE G. KRIMLING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 8 NORESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (0) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident \(\subseteq \), unicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23MSIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE BURLAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIBECTOR LOCAL REGISTRAR

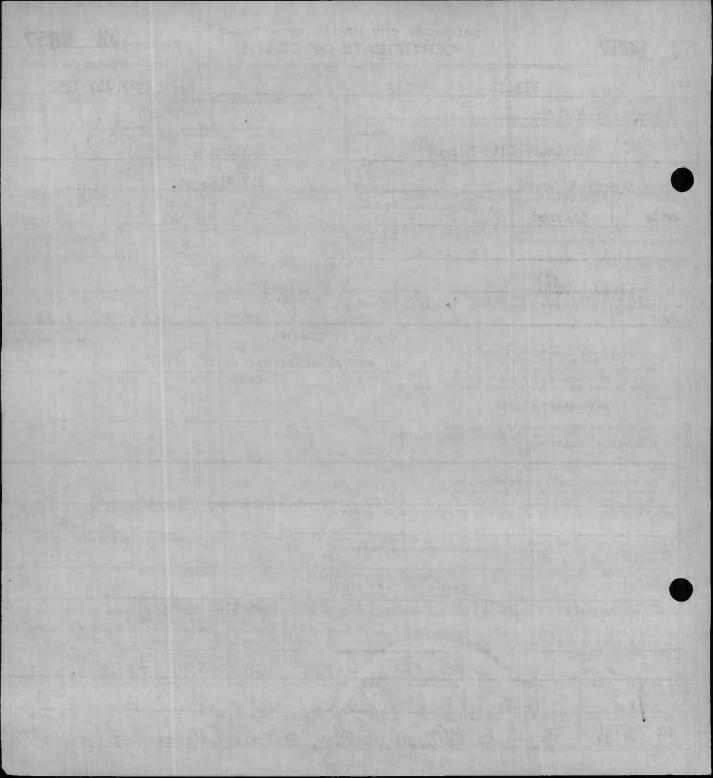


52, 6657

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6657

BÎRTH NO.	
1. NAME OF DECEASED	2. DATE OF Told 2000
MILLE MEITS	DEATH JULY 14, 1952
a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
Baltimore City Morgue	Baltimore (township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	817 Vine St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years f Under 1 Year f Under 24 Hours Months: Days Hours Min.
Male Colored Divanted (Specify)	May 16,1909 43
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) JNDUSTRY	11. BISTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
Laboron Chonical Co.	LEE COUNT &C. U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Wells	//aggie //088S
(Yes, pp nr unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 2630
1/0	LILLIE BOLLO LITTMAN HURON ST
18. 42.2.1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and and lamaki a Canali amana lam
(This does not mean the mode of dying, e.g., (A)	eriosclerotic Cardiovascular Disease
injury or complication which caused death.) DUE TO	Disease
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in	n ar 21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING CAUSE OF DEATH.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
ni. WORK AT WORK	
22. I certify that I took charge of the remains described a	above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or I	Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes	\mathbf{X} , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	23B, CHIEF MEDICAL EXAMINER
24A. BURIAL. CREMA-1 24B. DATE / 1240. NAME OF CEMETE	RY OR CREMATORY 249 LOCATION (Fity, town, or county) (State)
MON. REMOVAL (Specify) 7/10/050 9/17	Judan Nas Xadsta HIN.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322
LOCAL REGISTRAR	Man Ratio R. W. Illiams School of



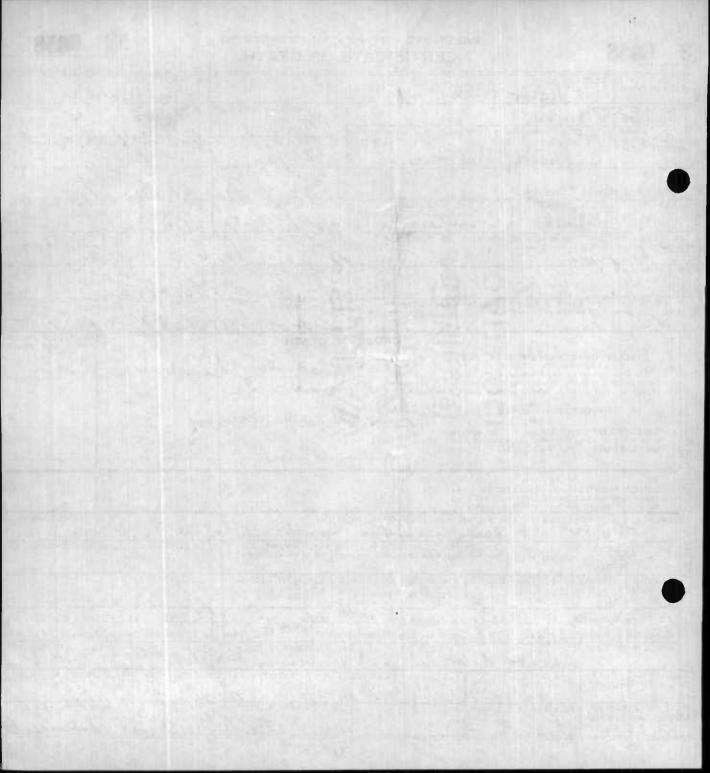
2 6658

VS 150

CERTIFICATE OF DEATH

Registered No. 6658

BIRTH NO.	
1. NAME OF DECEASED VICTOR HILL	2. DATE OF 7 16 52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	/12. 10 A
INSTITUTION	c. CITY OR TOWN (If outside corporale linds, or ite RUKAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	939W. Farette ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I feet if Under 24 Hours last birthday) Months; Days Hours; Min.
11 Colned single	AUR/1937 14
10A. USUAL OCCUPATION (Givekind of work dope during most of working life, even if retired) INDUSTRY	11. BHITHPLACE (State or foreign country) 12. CITIZEN OF OWHAT COUNTRY?
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
+ 1 : [] : 11	M. Idiacad May to the
15. WAS DECEASED EVERAN U. S. ARMED FORCES? 16. SOCIAL	17, INFORMANT ADDRESS
(Yes, no or puknown) (If yes, give war or dates of service) SECURITY NO.	Wildnesd Hill 939W Franch So
18. 3112 X . CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A)	and duelay the outoris 30 hrs.
injury or complication which caused death.)	squal cord
ANTECEDENT CAUSES	le cell crisine
O DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
O	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	and laboure To
U 21 ACCIDENTANCE LA 218 BLACE DE INILIPY (a c. in	
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., et	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 10 MA	7-16, 1952 to 8 1-16, 195 that I last saw the
deceased alive on 1-16, 1957, and that death occurr	red at 8 2 Pm., from the causes and on the date stated above.
23A. SIGNATURE	38. ADDRESS 23C. DATE SIGNED
7	7 4 - 1 7 19 9
Donald A. Wolfel M.D.	University Hospital 7-18-52
7	University Gespilal 7-18-52
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF GEMETER	University Gespilal 7-18-52

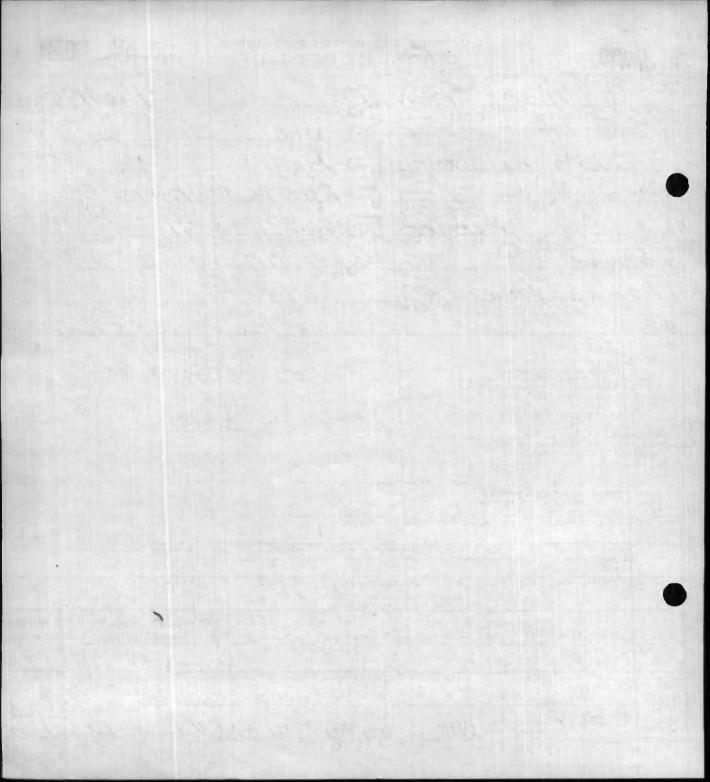


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52 BIRTH	_N 6659

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 20 6659

R	RTH NO.	CERTIFICATI	E OF DEATH	2008.500.000 10	
(7	NAME OF DECEASED Mack	Flowing	2	2. DATE OF DEATH	6/1952
A.	Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If I	nstitution: residence before admission)
H	FULL NAME OF (If not in hospital or institute OSPITAL OR NSTITUTION)	tion, give street address or location)	c. CITY OR TOWN	If outside corporate limits	write BORAH and give township)
d	ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS ()	f rural, give location)	84
5.		E. MARRIED. VED, DIVORCED (Specify)	AUQ. 29/88	9. AGE (In years) II last birthday Mor	Under I Year If Under 24 Hours this Days Hours Min.
1C	A. USUAL OCCUPATION (Givekindof 10B. KINI k domedoring most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BHTHPLACE (State or	no S.C.	12. CITIZEN OF WHAT COUNTRY?
13	MOMAS FIRM	VO	14 MOTHER'S MAIDEN	NAME	
1 5 (Ye	5. WAS DECEASED EVER IN U, S'ARMED FORCES? 10. no overnknown) (If yes, give war or dates of service)	SECURITY NO.	17, INFORMANT	vo /3/59	Mulhary
	18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseasinjury or complication which caused death	g., (A) art	Proseler	stre Cardi	INTERVAL BETWEEN ONSET AND DEATH
IFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.		oscula]	nslise	5 months
CERT	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	EO / Mil	<i>t</i>		
AL	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City, g	ive exact location)
2	INJURY	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby certify that I attended the	deecased from and that death occur	red at from 3B ADDRESS	the causes and on the	that I last saw the e dute stated above.
7	4A. BURIAL, CREMA 24B. DATE AN REMOVAL (Specific Parks) 191962	249. WIMPOF CIMETE	Allemorial &	REALING (CHARLOWN,	or county) (State)
L	ATÉ RECEIVED AND RECETRAR'S SIGNATION	Illiamo NID	Me Katie RA	(illiams)	Lehroder St
	VS 150	8301	10		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. COCO

	BIRTH NO.	0000					
	1. NAME OF DECEASED (Type or Print) LENA HARRIS	DEATH July 15, 1952					
u i	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)					
	B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland					
	HOSPITAL OR location)	(if outside constate in the interest and give					
	University Hospital	Baltimore /					
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)					
0 =	Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED,	2612 Pierpoint St. 8. DATE OF BIRTH 9. AGE (In years)					
	Female Colored WIDOWED DIVORCED (Specify)						
	10A. USUAL OCCUPATION (Givekind of ork done dying most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
-	13/FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	James DUSON	Lillian Diokson					
-	15. WAS DECEASED EVER IN U. 9. ARMED FORCES? 16. SOCIAL Yes, no gr unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
	No	JOHN DYSON 2330 Drund Hell al.					
	18. 241 X CAUSE	OF DEATH ONSET AND GEATH					
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g.,						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
	ANTECEDENT CAUSES						
	Z DISEASES OR CONDITIONS, IF ANY, GIVING						
	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.						
	(C)						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)						
	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER						
		YES NO X					
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.						
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F, HOW DID INJURY OCCUR?					
	ma. WHILE AT NOT WHILE AT WORK AT WORK						
	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from						
2	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above						
3	and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).						
	Stanley N. Duloslus M	238. CHIEF MEDICAL EXAMINER					
3	24A. BURIAL CREMA dab. DATE 24C. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town) or coun						
	Resided Shirt 1952 13allo Malanas Valle, VI						
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322 N.					
	JUL 18 1952 Tuntington Voltiaus. Hy	My Katin RWilliams Schweder St					
	V S 151						

AND ALL DESIGNATION OF THE PROPERTY OF THE PARTY OF THE P 1,

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52	6661

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 6661

CERTIFICAT	TE OF DEATH Registered No			
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	00re 2. DATE OF DEATH 7-16-52.			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE before admissio			
B. FULL NAME OF (If not in hospital or institution, give street address of	maryland and			
HOSPITAL OR location	The same of the sa			
174 d Harford Avenue	Baltimore townshi			
Yrs.				
ength of stay in Baltimore Mos.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) # Under Year If Under 24 Hou			
Female Colored married	October 13, 1900 last birthday) Months Days Hours Min			
10A. USUAL OCCUPATION (Give kind of Post of Business OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
NOUSTR	WHAT COUNTRY			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Lee Great Neal	M. H. Cusia			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL	17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	That he man is a later			
18. 4934 CAUSE	Joshua Morre - 1 It of Harrford Hue.			
	OF DEATH INTERVAL BETWEE			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	alda land land			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	warmy warmang 3mbs			
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES				
Z) (B) //// C	ullia wallin			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
UNDERLYING CONDITION LAST.	unan Muntosis Idan			
법 TRIBUTING TO THE DEATH, BUT NOT RELATED	OTHER SIGNIFICANT CONDITIONS CON-			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE				
21a. ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (c. g.,	la or 21c. WHERE DID (If in Baltimore City, give exact location)			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?			
INJURY WHILE AT NOT WHILE				
m. WORK AT WORK				
22. I hereby certify that attended the deceased from	, 19 , to , 19 , that I last saw th			
	urfed at 3:15 P.m., from the causes and on the date stated abov			
11/1-11016111	23B. ADDRESS 23c. DATE SIGNED			
24A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMEN				
24A. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMENT	ERY OR CREMATORY 240 DOCATION (City, town, or county) (State)			
mind 1/1/1/10 8 milling	Themore we was 7/12			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL BIRECTOR ADDRESS 322 /			
Junlington Velliques A	HAro Mater C. Williams Schrockers			

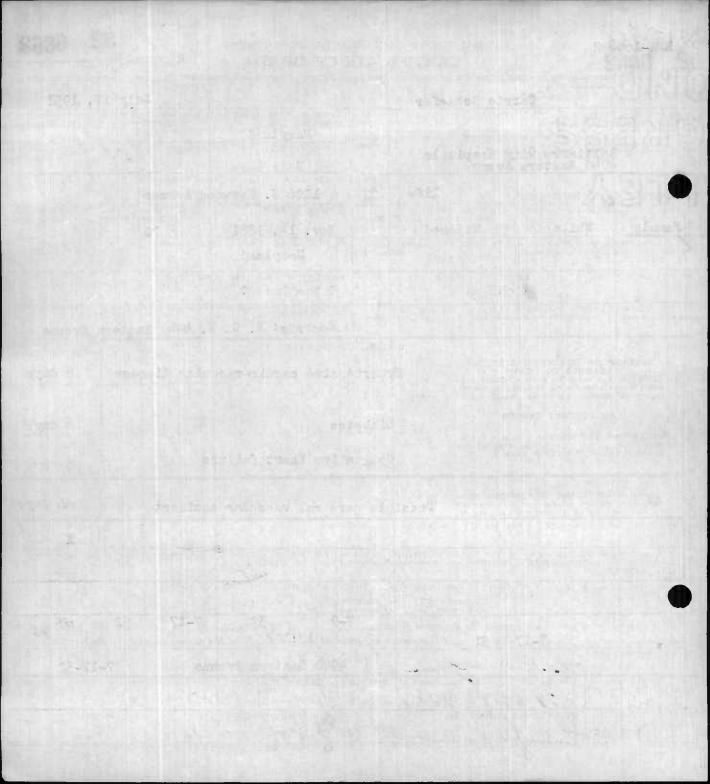
REA-160892

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6663
Registered No.

NAME OF DECEASED 2. DATE (Type or Print) OF Carrie Schaefer DEATH July 17, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Mary Land B. FULL NAME OF location INSTITUTION Baltimore City Hospitals (If outside corpora e kinita, write 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. life 1106 S. Kenwood Avenue ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours last birthday) Months; Dnys Hours; Min. WIDOWED, DIVORCED (Specify) Female White Widowed Nov. 14, 1881 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Micholas Catherine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardio-rascular disease 6 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Diabetes 6 days RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (c) Congestive heart failure 6 dave ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 6 days Possible cerebral vascular accident TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS DICAL 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg..etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK 19 52 to . 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 7-17, 19 52, and that death occurred at 12:10Pn., from the causes and on the date stated above. deccased alive on 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 4940 Eastern Avenue 7-17-52 24A. BURIAL, CREMA-TION-REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY au n Ournal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6663

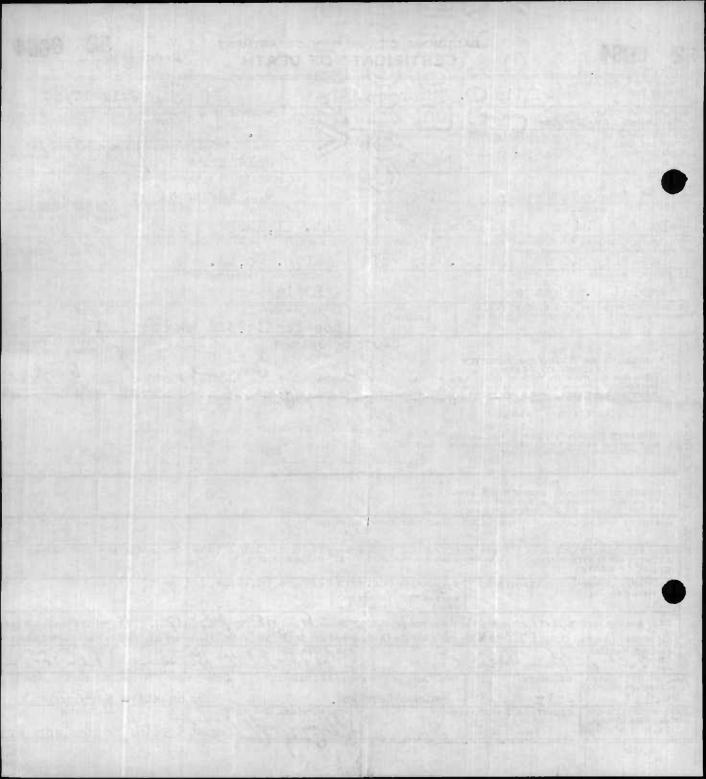
BI	RTH NO.						
	NAME OF D		ISTIANN	A B. SIMON		2. DATE OF DEATH Jul	y 17, 1952
A.		City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	
HC	SPITAL OR STITUTION	406 E. Noi		ion, give street address or location) M18	c. CITY OR TOWN	(If outside corporate li	imits, write DURAL and give township)
-	Yrs.			Baltimor			
		tay in Baltimore		Mos. Days	11	orth Avenue	
5.	sex Female	6. COLOR OR RACE White	WIDOW	e, MARRIED. ED, DIVORCED (Specify) arried	March 28, 7	last birthday)	Months Days Hours Min.
10 work	done during most o	CUPATION (Give kind of of working life, even if retired) USEWIFE	10B. KIND	OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME '			14. MOTHER'S MAI		
			Bolte		Minna	Schwabe	
(Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			None	Harry J.	Simon 406 E.	North Avenue
CERTIFICATION	(This does heart failus heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH f dying, e.g ns the diseas aused death SES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B)	tembel	accident the Card. Vasc	
AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION	E-1417.1-	YES NO
YES YES YES OF LANGE OF DEATH YES YES OF LANGE OF LANGE OF INJURY (e.g., in or LANGE OF LANG						ty, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from deceased alive on deceased al							of that I last saw then the date stated above.
24	A. BURIAL. (S N. REMOVAL (S Buria	pechty)		M. D. 24c. NAME OF CEMETE Western	RY OR CREMATORY	24b. LOCATION (City, to Baltimore.	own, or county) (State) Maryland
	TE RECEIVE	D BY REGISTRAR		REAL	25. FUNERAL DIRE		ADDRESS
-				per l		7	

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CERTIFICATE OF DEATH

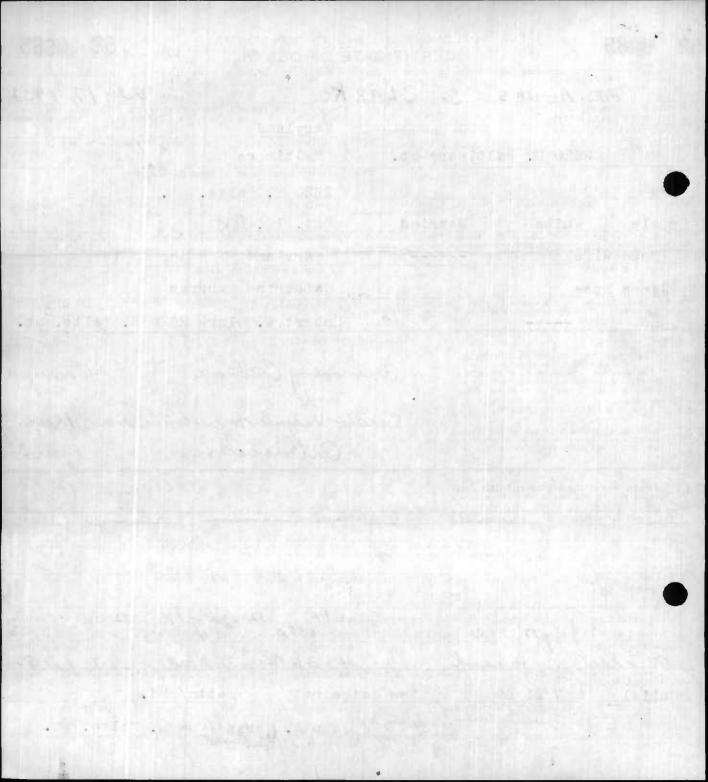
52 6664

BI	RTH NO.)-X		CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF E	DECEASED				2. DATE	
(T	ype or Print)	Will	iam C.	Shearer		OF JU	ly 17/52
	PLACE OF				4. USUAL RESIDENCE	Where deceased lived. I	
	FULL NAME	City, Maryland	al or instituti	on, give strect address	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR			location		f outside corporate lim	in write RURAL and give
IN	STITUTION	422	Edgewo	od St	Baltim	ore L	downship)
7				Yrs		rural give location)	
	Length of	stay in Baltimpre		Life Mos.		gewood St	
_	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year II Under 24 Heurs
M	ale	White	WIDOW	ED, DIVORCED (Specif	" Feb. 11.1883	last birthday) M	Ionths Days Hours Min.
10	A. USUAL O	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
worl	done during most	of working life, even if retired)		INDUSTR	Y		WHAT COUNTRY?
13	Retired Guard Balto.City Jail				Balto. Co, Md		
13					14. MOTHER'S MAIDEN NAME		
Daniel F. Shearer Lydia warner							
(Ye	, was DECEAS	SED EVER IN U. S. ARMEI	D FDRCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Leo Bendig, 42	2 Edgewood	St
	18. 42	0.1 .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		P	5/	, , ,	ONSET AND DEATH
	(This doe	LEADING TO DEA'	TH f dying, e.g	(A)	riman ohn	Lucolm	6 whs/
	heart fail	ure, asthenia, etc. It mea complication which c	ns the disease	e,	//	***************************************	/
				., 502 10	0		
_		ANTECEDENT CAUS	ES				
ō	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************	, 0 + 0 0 0 0 + 4 = + 0 = + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +	***************************************
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R		SIGNIFICANT CONDI					
Ü		DISEASE OR CONDITION	700				
ابـ	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
CA		DELIE MAR LIMOSE	1 04- DI 4	CE OF WHITE (Te to Deltier City	YES NO
MEDICAL		DENT WAS UNDER- OR CONTRIBUTING DEATH		CE OF INJURY (e. g. arm,factory,street,office bld		(If in Baltimore City,	give exact location)
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
	22. I here	by certify, that I att	ended the	deceased from	me - 6 1952 to A	mg - 17 199	that I last saw the
		live on July 17			urred at 6 P. m., from		
	23A. SEGNA	TURE 1	1	_	23B, ADDRESS 01 _	11-1	28c. DATE SIGNED
	Zun	l L. Cham		м. D.	4105 februly	AG	July-18-52
TI	AA. BURIAL. ON. REMOVAL (Specify) 248. DATE	,		ERY OR CREMATORY 240. L		
	Burial	Jult	/52	Manchester (Manchesterm	
L	ATE RECEIVE	TRAR REGISTRAR	SSIGNATU	RE	25. PUNERAL DIRECTOR		ADDRESS
	JOLIE	1907 Tun	lington	Williams	Homen V. Gu	LAKE 101	Edmondson Av
	VS 150		0		7-6-90	0	
				1639	13		



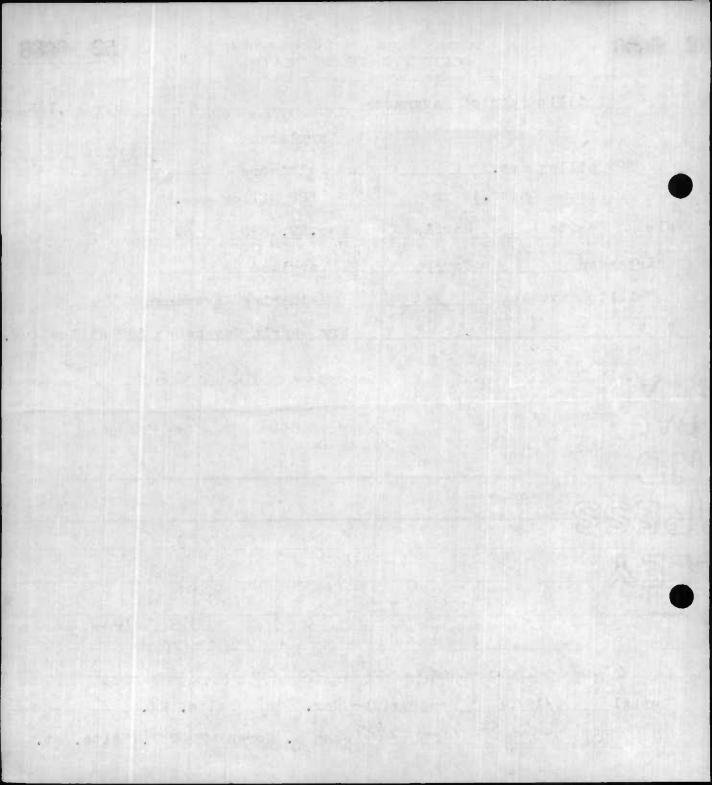
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2 6665

1. NAME OF DECEASED (Type or Print) MRS. AGNES 3. PLACE OF DEATH: A. Baltimore City, Maryland 5. FULL NAME OF HOSPITAL OR INSTITUTION 2620 E. Baltimore St. S. STRET ADDRESS (If not in hospital or institution, give street address or location) S. FULL NAME OF HOSPITAL OR S. FILL S. STRET ADDRESS (If outside corporate limits, write Belifal and give institution) 2620 E. Baltimore St. S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. MORE MORE MORE JOAL OCCUPATION (Give kind of institution) 10. USUAL OCCUPATION (Giv							
A. USUAL RESIDENCE (Where deceased food in Statisticution, residence before admission) 8. FULL NAME OF (If not in hospital or institution, give street address or Incention) 8. FULL NAME OF (If not in hospital or institution, give street address or Incention) 8. FULL NAME OF (If not in hospital or institution, give street address or Incention) 8. FULL NAME OF (If not in hospital or institution, give street address or Incention) 8. FULL NAME OF (If not in hospital or institution, give street address or Incention) 9. FULL NAME OF (If not in hospital or institution, give street address or Incention) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 9. SEX OF TOWN (If outside corporate limits, write REFRAL and give Baltimore) 10. STREET ADDRESS (If rural, give lockien) 11. BIRTHPLACE (State or foreign country) (Instrumental limits, write REFRAL and give Baltimore) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ven, poor undown) (If you, give war or dates of service) 16. SCCIAL YOUR NAME (CATHER) (INSTRUMENT NAME (CATHER) (INSTRUMENT) (INSTRUM							
A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FATEE B. COUNTY (If outside corporate limits, write REFAL and give location) B. FATEE B. COUNTY (If outside corporate limits, write REFAL and give location) B. FATEE B. COUNTY (If outside corporate limits, write REFAL and give location) B. FATEE B. COUNTY (If outside corporate limits, write REFAL and give location) B. FATEE B. COUNTY (If outside corporate limits, write REFAL and give location) B. FATEE B. COUNTY (If outside corporate limits, write REFAL and give location) B. FATEE B. COUNTY (If outside corporate limits, write REFAL and give location) C. CITY OR TOWN (If outside corporate limits, write REFAL and give location) B. FATEE B. COUNTY (If outside corporate limits, write REFAL and give location) C. CITY OR TOWN (If outside corporate limits, write REFAL and give location) B. FATEE B							
C. CITY OR TOWN (If outside corporate limits, write RERAL and give based on the stay in Baltimore St. Sex S. COLOR OR RACE 7. SINGLE. MARRIED. More based on the stay in Baltimore 1. Security 1. Se							
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Angth of stay in Baltimore S. SEX G. COLOR OR RACE Minute White White White Warried Io. USUAL OCCUPATION (Givekindof Married) Io. USUAL OCCUPATION (Givekindof Hours Minute) Housewife Io. Widowed Divorced (Specify) Married Io. Widowed Minute DEC. 16. Widowed Months Days M							
Interval Between Interval Be							
To a usual occupation (Givekind of reckind of reck dose during most of working life, even if reckind of seturing most of working life, even if reckind of the use wife and one during most of working life, even if reckind of the use wife and one during most of working life, even if reckind of the use wife and one during most of working life, even if reckind of the use wife and the use wife and the use of t							
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Housewife 13. FATHER'S NAME James Snee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Robert A. Clark 2620 E. Balto. St. 18. U. 3 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS LAST. (B) Cardia-Vascular Hyperical Science (C) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.							
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OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
YES NO							
= 1 21A. ACCIDENT WAS INDER. 1 41B. PLACE OF INJURY (e.g., 10 or 1 41C. WHERE DID 111 IN BRITIMORE CITY, give exact location)							
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from June 14, 1951, to July 17, 1961, that I last saw the							
described alive on little 19 10 61 and that doubt house of alice of the formation the data data data data							
deceased alive on way 17, 1952, and that death occurred at 55 A.m., from the causes and on the date stated above.							
deceased alive on July 17, 1952, and that death occurred at \$55 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M. D. 4636 Belaic Bred 7-17-52							
Michael J. Dausch M.D. 4636 Belair Road 7-17-52							
23A. SIGNATURE Michael S. Dauel M. D. 4636 Belaic Rood 7-17-52 24A. BORIAL CREMA- 198. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
23a. SIGNATURE M. D. 4636 Belaic Rood 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Burial 7/21/52 New Cathedral DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS							
23a. SIGNATURE Michael S. Dauel M.D. 4636 Belaic Road 7-17-52 24a. Berial. CREMA- 198. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Burial 7/21/52 New Cathedral Balto/ Md.							



Registered No. 52 6666

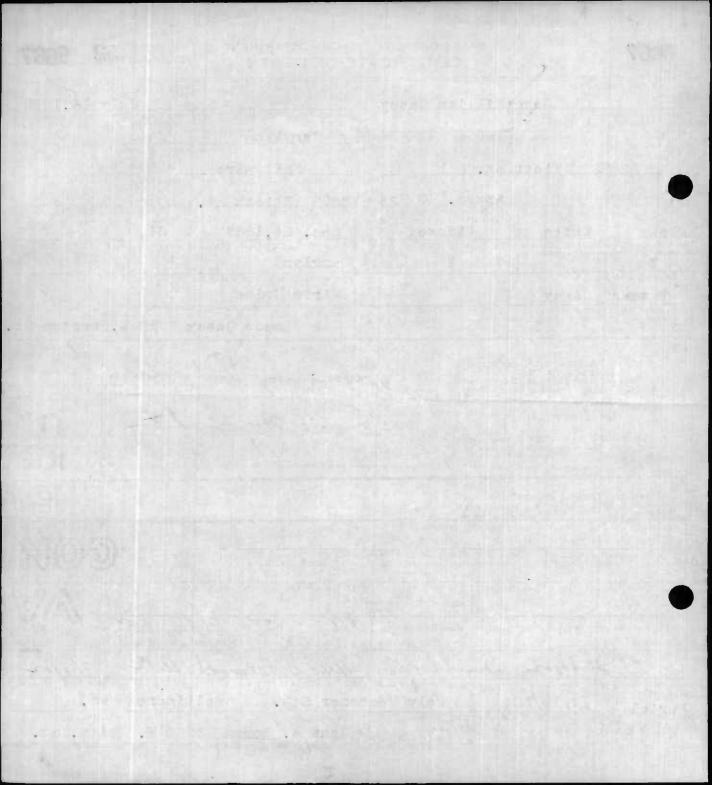
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Phillip Patrick Cavanaugh DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence S. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate fimits, write RIRAL and give C. CITY OR TOWN 529 Willow Ave. Baltimare D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Appr. 40 vrs 529 Willew Ave. Dave 9. AGE (In years | If Under I Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. 6 COLOR OF RACE 8 DATE OF BIRTH 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) Male Mar.29.1895 Married 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bartender Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Phillip Cavanaugh Katherine Cavanaugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs Carrie Cavanaugh 529 Willow Ave. CAUSE OF DEATH ERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING Viseas RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK 4an 4, 1954 to 7/6 . 19 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 6/17, 1952, and that death occurred at 11 19 A.m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4600 Mm 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Burial Meadowridge Com. Balto. Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 3000 E. Balto. St. VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

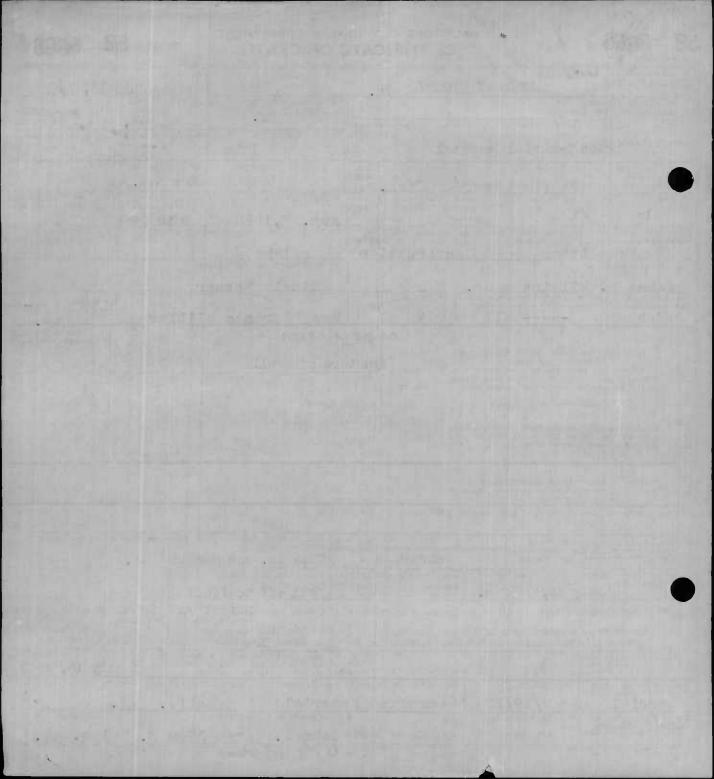
Registered No. 2 666

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF John William Casey DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) 2926 Elliett St. Baltimere Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 8. DATE OF BIRTH 9. Appro. 40 YrsDava 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under 1 Year last birthday) Months Days Hours Min. Widowed Dec. 24,1887 Male White 64 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Miria Crine Thomas Casey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mr Thomas Casey 2719 E. Preston INTERVAL BETWEEN 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 1952 to 22. I hereby certify that I attended the deceased from that I last saw the , and that death occurred at F. m., from the causes and on the date stated above. deceased alive on 19 23A, SIGNATUR 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, ORE TION, REMOVAL (Specif 24c, NAMP of CEMETERY OR CREMATORY Baltimore Md . Helv Redeemer Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 3000 E. Balto. St. A. Moran VS 150



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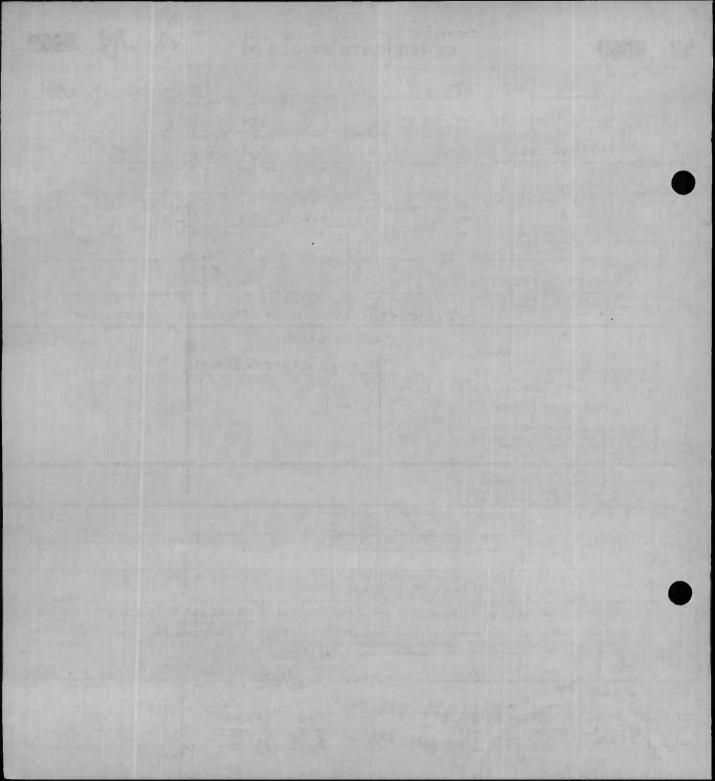
BIR	TH NO.	_		CERTIFICATI	E OF DEATH	4 Registered/Ma	-0000 -	
-	NAME OF D	ECEASED				I 2. DATE		
	pe or Print)		ES WILK	INSON Jr.		DEATH July	16. 1952	
	LACE OF D	EATH:				NCE (Where deceased lived. If in	stitution: residence	
		City, Maryland			A. STATE Md.	B. COUNTY	before admission)	
HOS	ULL NAME			tion, give street address or location)	C. CITY OR TOWN	(If outside corporate limits,	write RUNAL and give	
INS	TITUTION	mion Memoria	Hospi	t.al		timore	township)	
-	14	77.20.0 770.00 2.20.	- mont					
	7/10/10			Yrs. Mos.		SS (If rural, give location)		
		stay in Baltimore	Appr	6 Yrs Days	1	Alhambra Ave.		
5. 5		6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) # Us	hs: Days Hours Min.	
	Male	White	Mari		Aug. 7.192	194		
		CUPATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (St	tate or foreign country) 1	2. CITIZEN OF	
WOLKO		of working life, even if retired) Rmfitter	Ce	nstruction	Maryland		WHAT COUNTRY?	
13.	FATHER'S		0.6	JIIS OF AC CLOSE	14. MOTHER'S MAI	DEN NAME		
					27.1.5			
	WAS DECEAS			LIE SOCIAL		arner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.			17. INFORMANT	56	35 Alhambr			
	Yes WW11 ? ?				Mrs Fleren	ice Wilkinsen	Avo	
	18. F.91	12.3.		CAUSE	OF DEATH		INTERVAL BETWEEN	
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	injury or complication which caused death.) DUE TO							
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	UNDERL	YING CONDITION L	151.	(C)	*******************************			
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띴		G TO THE DEATH, BUT DISEASE OR CONDITION			***************************************			
4.5			All the last of th	FINDINGS OF OPER	ATION		20. AUTOPSY'7	
AL -		199					YES NO	
1013	21A. EXTER	NAL CAUSE WAS	218. PL	ACE OF INJURY (e.g., in	or 21c. WHERE DI		e exact location)	
EDI	UNDERLYIN	IG A OR CONTRIB- CAUSE OF DEATH.	about home,	farm, factory, street, office bldg., e		and Marklin Sts.	onlin	
		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI		INJURY OCCUR?	7112	
	OF INJURY			WHILE AT NOT WHILE				
		July 16, 195		WORK AT WORK	Fell off a			
	22. I certi	ify that I took char	ge of the	remains described a	bovc, held an ir	spection & inquiry	Thereon and from	
	the en	idence obtained by	said Aut	onsu Inspection or I	naviry, find that	utopsy, Inspection or Inquiry said deceased died on the	day stated above.	
	and de	eath in my opinion	resulted	from; natural causes	, accident I. s	nicide [], homicide [], une	determined [].	
	23A. SIGNA	TURE //		0 0	23B. CHIEF MEI		DATE SIGNED	
	Fla	reley X.	Du	ulac um	D. MEDICAL INVE	STIGATOR JU	Ly 16, 1952	
24	BURIAL,	CREMA- 248 DATE		24c. NAME of CEMETE		24D. LOCATION (City, town, or	county) (State)	
1101	Buria]	7/19	/52	Mereland M	emerial	Balte. Md.		
DA.		D BY REGISTRAR			25. FUNERAL DIRE		ADDRESS	
LO	TE RECEIVE	1952 Hint	ston !	Villiams NO			+= =+	
		1,550	7 100	The state of the s	Join A. Me	ran 3000 E. Bal	.00.00.	
VS	151	1803.2	3 4	かくつび クレ	I per Heape	wis		
	/\	100000		0/7 27	, =			



5	30	
52 BIRT	H N 6669	

CERTIFICATE OF DEATH Registered No. 16659

BIRTH NO.	OEKTII 10/	112 01 22/111				
1. NAME OF DECEASED (Type or Print)	707	2. DATE				
3. PLACE OF DEATH: A. Baltimore City, Mary		DEATH JULY 15, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)				
HOSPITAL OR	t in hospital or institution, give street addre loca rersity Hospital	west Virginia c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Martinsburg				
ength of stay in Balt	π.	rs. D. STREET ADDRESS (If rural, give location) los. lays				
5. SEX 6. COLOR of white	OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (SI divorced	Sept. 7, 1898 50-55?				
10A. USUAL OCCUPATION work done during most of working life, ev		Bruceville, Md. U. S.				
13. FATHER'S NAME Patterson 1	Kennedy	14. MOTHER'S MAIDEN NAME Fredericka Lyons				
15. WAS DECEASED EVER IN U (Yes, no or unknown) (If yes, give	. S. ARMED FORCES? 16. SOCIAL SECURITY 218-03-36	77. INFORMANT ADDRESS Maurice E. Newman Easton, Maryland				
heart failure, asthenia, injury or complication ANTECEDE DISEASES OR COND RISE TO THE ABOVE COND UNDERLYING	etc. It means the disease, which caused death.) NT CAUSES (B)					
TRIBUTING TO THE DE TO THE DISEASE OR O	T CONDITIONS CON- ATH, BUT NOT RELATED CONDITION CAUSING IT. ON 198, MAJOR FINDINGS OF (PERATION 20. AUTOPSY?				
21A. EXTERNAL CAUSE UNDERLYING OR C UTING CAUSE OF	WAS 21s. PLACE OF INJURY (ONTRIB. about home, farm, factory, atreet, office	yes Nox. 8, in or 21c. WHERE DID (If in Baltimore City, give exact location)				
E 21D. TIME (Month) (Day of INJURY	y) (Year) (Hour) 21E. INJURY OCC WHILE AT WORK AT W	HILE				
the evidence obto and death in my 234 SIGNATURE	ook charge of the remains describe tined by said Autopsy, Inspection opinion resulted from: natural co	ed above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on the day stated above uses , accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER				
Burial 7	- 19 - 52 Windy Hil	Manua M. 33 -4 (1-12)				
VS 151	ntington Williams My	Maurice E. Neymam & Son - Easton, Maryland				
1 4 9 131	(/5					

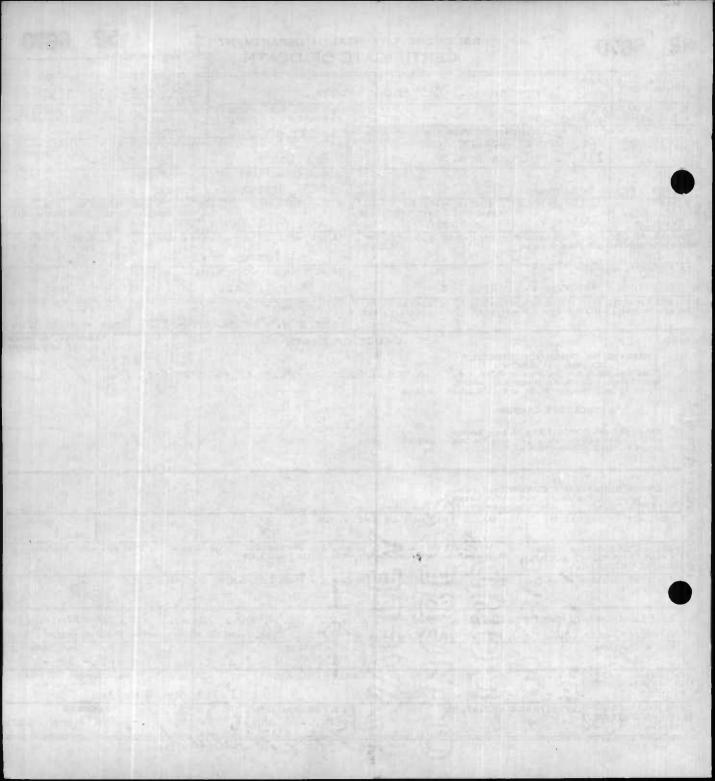


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BALTIMORE CITY HEALTH DEPARTMENT

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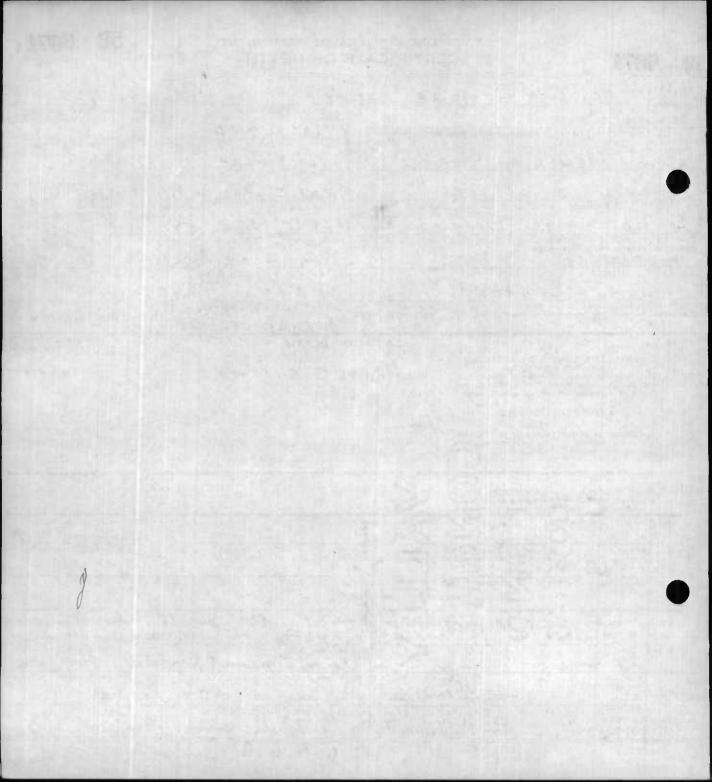
	PTU NO	CERTIFICAT	E OF DEAT	H Registered	No.
	NAME OF DECEASED			10.045	
(7	ype or Print) FLorence L	. Carpenter	Putts	2. DATE OF DEATH July	18, 1952
	Baltimore City, Maryland		4. USUAL RESIDE	ENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
	FULL NAME OF (If not in hospital or institu			none	
	DSPITAL OR Long Green Nursin	g Home location)	C. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
1	115 E. Melrose Av	e.	Baltimore	4-0	township)
		life Yrs. Mos.		SS (If rural, give ocation)	
	Length of stay in Baltimore	Days		nmount Avenue	
5		E. MARRIED. WED, DIVORCED (Specify)	B. DATE OF BIRTH		If Under 1 Year If Under 24 Hours onths; Days Hours Min.
		dowed	Dec. 5, 18	378 73	
10	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	D OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF
	none	INDUSTRY	Baltimon	e, Md.	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MA		
	George C. Carpen	ter	Mary C.	Casey	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
		0200111111101	George C. Ca	rpenter - 3637 Gr	reenmount Ave.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused deaf ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING	(A)	rcissom q	Jel brest	743
1.	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
X					YES NO
MEDICAL		ACE OF INJURY (e. g., lo, farm, factory, street, office bldg.,			give exact location)
1	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
L	FINJURY	WHILE AT NOT WHILE			
	m.	WORK AT WORK		1. 1.0. 18 10	7 42 -4 7 7 · · · · · · · · · · · · · · · · ·
	22. I hereby certify that I attended the deceased alive on 7/17/10, 1902	e aeceasea from	7 1105	, 19	that I last saw the
	aeceasea alive on 7/17/01/1902	and that death occu	rrea at // m.,	from the causes and on t	
	25A. SIGNATURE		206 Kemble	Pond	7 - 18 - 52
2	AA. BURIAL, CREMA- 248. DATE	M. O. 1			
TI	on REMOVAL (Specify) ourial 7 - 21 - 52	Greenmount	ENT OR CREMATORT	Baltimore, Mary	
LO	Tuntington	Williams Mir.	25. FUNERAL DIR John O. Mitche		ADDRESS
	VS 150	1 1/2 12	11/1/11/1	fuence	THE CONTRACTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5671 Registered No.

FMH I	RTH WOLF						
	NAME OF DECEASED pe or Print) MARGARET	GERT	RUDE STRO	USE	2. DATE OF DEATH	7/17/5-2	
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDEN	B. COI	d lived. If institution: residence UNTY before admis	
HO	SPITAL OR	tal or instituti	on, give street address or location)	C. CITY OR TOWN		ate Imits, write RUAL and	give
INS	NION MEMORIA	AL Ho.	SPITAL	BALTIMORE 3-01 township)			
		,	Yrs. Mos.	D. STREET ADDRES	1	/ \	
	Sex 6.COLOR DR RACE	LIFE	Days Days	B. DATE OF BIRTH	PRDEN HI	9RTMENTS (/7) years II Undor 24	Нонга
F	EMALE WHITE	WIDOW	ED, DIVORCED (Specify)	MAYIJA	98 54		
10/	A. USUAL OCCUPATION (Give kindo dopoduring most of working life, even if retired	I 10B. KIND		11. BIRTHPLACE (Sta			TDV3
	HOUSEWIFE		INDUSTRI	BALTIMO		AND U.S. A.	IFTF
13.	FATHER'S NAME			14. MOTHER'S MAIL	77		
15.	WAS DECEASED EVER IN U. S. ARME	RENS	16, SOCIAL	HANNA	BEAR		
(Yes	no or unknown) (If yes, give war or dat	es of service)	SECURITY NO.	JEROME -	STROUSE	TEMPLE GARPEN	
	18. 581.0		CAUSE	OF DEATH		INTERVAL BETY	
	DISEASE OR CONDITION LEADING TO DEA	TH	HEOR	ITIC CIRRI	40515	1 MONT	ы
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	ans the disease	е,			1 /10///	
	ANTECEOENT CAU						
Z	DISEASES OR CONDITIONS,		(B)	***************************************			
CATION	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING TH					
-		Shipping.	(C)	•••••••••••••••••••••••••••••••••••••••			
TIF	OTHER SIGNIFICANT COND	ITIONS CON					
CERTI	TRIBUTING TO THE DEATH, BUT	NOT RELATE	d		•••••		********
	A STATE OF THE STA	Y - C	FINDINGS OF OPER	RATION		20. AUTOPS	Y?
EDICA	21A. ACCIOENT WAS UNDER-	1 21B. PLA	CE OF INJURY (e.g., i	n or 21c. WHERE DIE	(If in Baltimo	re City, give exact location)	A
ED	LYING OR CONTRIBUTING CAUSE OF DEATH		arm, factory, street, office bldg.,		?		
2	ID. TIME (Month) (Day) (Year		21E. INJURY OCCURR	Carlo Santa	NJURY OCCUR?		
		m. V	WORK NOT WHILE		A		
	22. I hereby certify that I at			ne 2/ 1952	to July 17		
	deccased alive on 1.1	, 19 <u>.5 Z.</u> ,	and that death occur	rred at	rom the causes a	and on the date stated at	
	Georgia	Rey	olds M.D. (Inen Mem	mal Hosp	tal 7/17/5	2
24 TIO	a. Burial. CREMA- 34B. DATE N. REMOVAL (Specify) 7 - 19	- 52	24c. NAME OF CEMETE Woodlawn	RY DR CREMATORY	Woodlawn,		ate)
		'S SIGNATU		25 FUNERAL OIRE		ADDRESS On	
		gton W	Miaus, My.	mitchell	Home 1	406 Entaw Slu	a
	VS 150	OGE	3 0 00	6661	1		

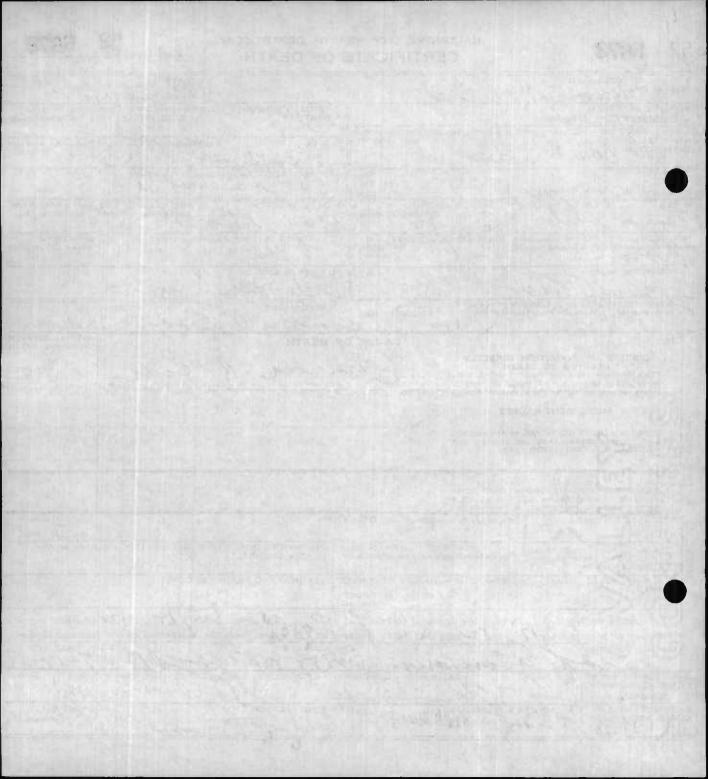


6672

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

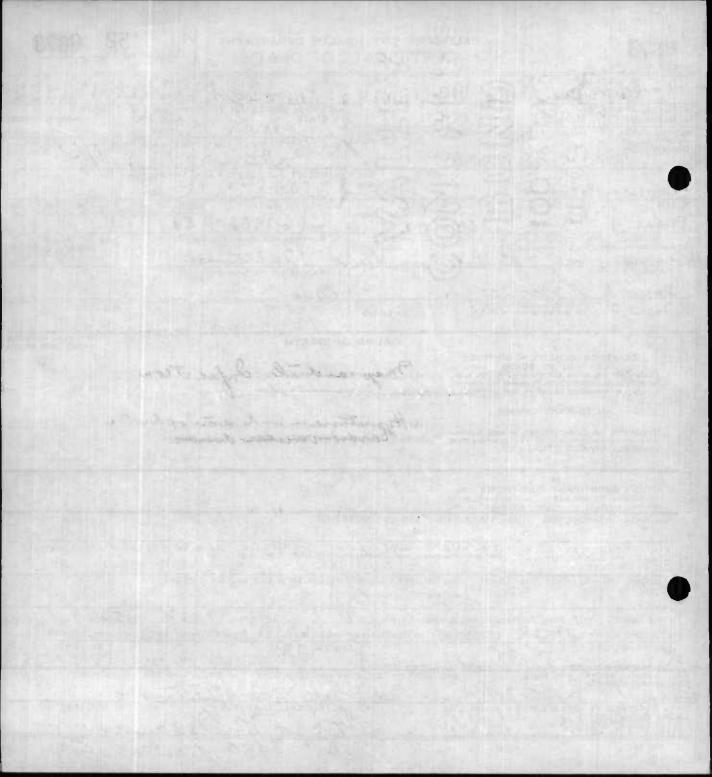
Registered No. 52 6673

BIRTH NO.	
Type or Print Unnie M Ohler	2. DATE OF DEATH ULY 18-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	7700
INSTITUTION 600 If Werry Sh	C. CITY OR/TOWN (If outside corporate limits write RURAL and give township)
Te de la Yrs.	D. STREET ADDRESS If rural, give location)
Mos. Days	600 H Berry St
5. SEX 6. COLOS OF RACE 7. SINGUE, MARRIED, WILLOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours Min.
Tempe It me Single	may 18/140.00
10A. USUAL OCCUPATION (Givekind of ork down during most of working life, even if retired)	11. BIRT/PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME _ // /	14. MOTHER'S MAIDEN NAME
The Ohler.	Wdelaide Gardner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
/ no no (Combrose Ohler 3452 Steckory on
18. 175% CAUSE?	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 2 2 -
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	men & Ones 5 yes
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
) DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
D	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., e	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	rio , 1952 to hely 18, 1952 that I last saw the
deceased alige on hily 17 1952, and that death ofcur	
23A. SIGNATURE 2	38. ADDRESS Harring A 23c. DATE SIGNED 7-18-57
24A. BURIAL, CREMA- 24B. DAYE. 24C. NAME OF CEMETEI	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
Dural July 21 Hew alked	dral Claume ma
LOCAL REGISTRATE SIGNATURE LOCAL REGISTRATE FUTURE METERS OF THE STATE	Luster & Daniel 38/8/olouda
1	
VS 150	6 6 6 9



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF 2. DATE (Type or P OF DEATH 4 USUAL RESIDENCE (Where deceased ivid. If in attation: residence 3. PLACE OF DEAT A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITYLOR TOWN . (If outside corporate limits, write INIRAL and give INSTITUTION township) JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore last birthday) Months: Days Hours; Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) 1901 M BIRTHEL ACE (State or foreign country) HOA USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork gone during most of working life, even if retired) WHAT COUNTRY? impm an alliman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECLASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of section) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKING INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL YES V 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILF AT NOT WHILE WORK . 19 5 hat I last saw the 22. I hereby certify that I attended the deceased from_ . 1950 and that death occurred at 155 m., from the causes and on the date stated above. deceased alive on 7-1 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-DATE RECEIVED BY ES/FUNERAL DIRECTOR ADDRESS I/REGISTRAR'S SIGNA

VS 150

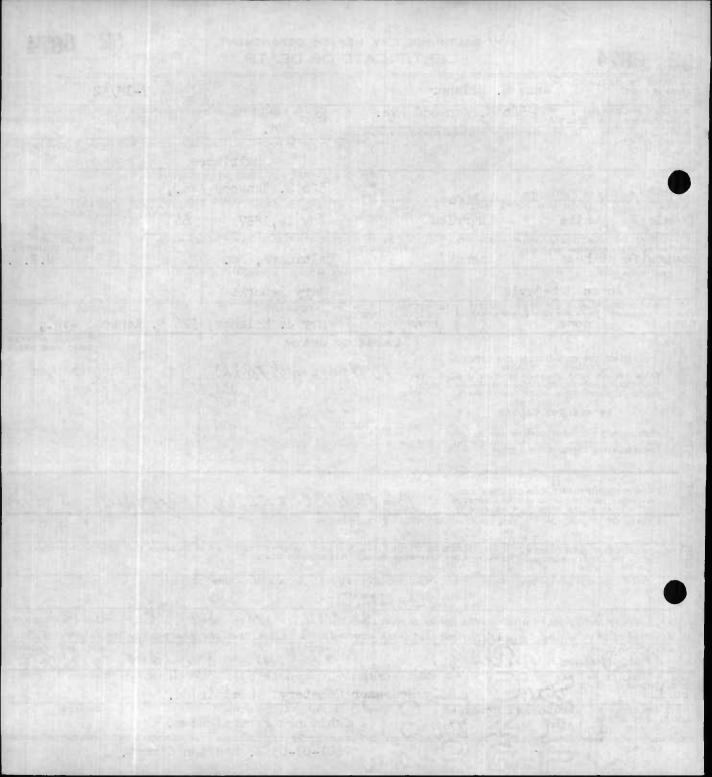


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 6674

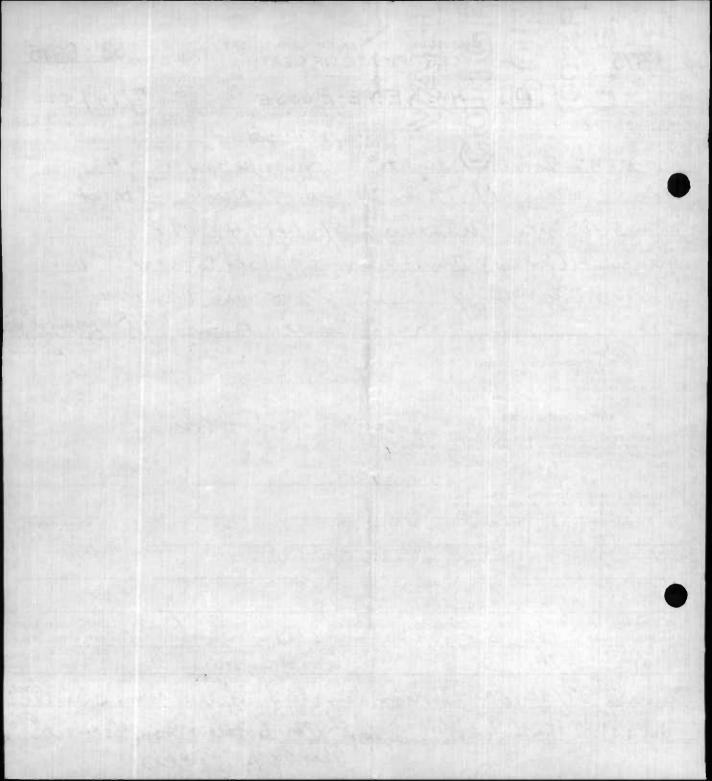
BIRTH NO.						
I. NAME OF DE (Type or Print)	CEASED Anna	M. Hils	sher		2. DATE OF 7-18	3/52
3. PLACE OF DE. A. Baltimore Ci	ty, Maryland		enwood Ave.	4. USUAL RESIDE A. STATE	NCE (Where deceased lived, I	f institution : residence before admission)
HOSPITAL OR INSTITUTION	e (ii not in nospit	al or institut	location)	c. CITY OR TOWN	(If outside corporate lim	ts, write RURAL and give
ength of sta	y in Baltimore	344	Yrs. Mos. Days	D. STREET ADDRE	SS (If rural, give location)	
5. SEX feMale	white	7. SINGLE	MARRIED.	Nov 16,18		li Under l Year If Under 24 Hours Ionths Days Hours Min.
IOA. USUAL OCC work doneduring most of lousewife a	UPATION (Give kind of working life, even if retired) thome	IOB. KIND	OF BUSINESS OR INDUSTRY	Baltimore,	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S MA	IDEN NAME	
An	ton Matejovi	ic		Mary Babo	rka	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL (Yes, no or unknown)] (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT		ADDRESS
none	none		none	Henry J. Hi	lsher, 526 N. Ker	wood Ave.,
DISEASE	OR CONDITION LEADING TO DEA not mean the mode of	DIRECTLY TH		ON CHIECT	2118	INTERVAL BETWEEN ONSET AND DEATH
heart failure injury or c	e, asthenia, etc. It mea omplication which of NTECEDENT CAUS	ns the diseas caused death	e,			
DISEASES	OR CONDITIONS, IS E ABOVE CAUSE (A) NG CONDITION LA	F ANY, GIVIN	(B)			
TRIBUTING	II SNIFICANT CONDITO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	AATE	PIDSCLENS	ISIS, GENERA	(120) 5-8/13
19A. DATE OF	OPERATION 0 1		FINDINGS OF OPER			YES NO
Z I Z IA. ACCIDE	NT WAS UNDER- CONTRIBUTING EATH	21B. PLA about home, f	CE OF INJURY (e. g., in arm,factory,street,office bldg.,	or 21c. WHERE D		give exact location)
ID. TIME (M	Ionth) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE AT WORK	ED 21F, HOW DID	INJURY OCCUR?	
22. I hereby	certify that I att	ended the	deceased from 26	NOV. 19 4	10 JULY 18, 195	that I last saw the
deceased alin	ve on JUNY 15	1952	and that death occur	red at_II.YSAm.	from the causes and on	the date stated above.
23A STONATU	yamin of	pluste	Tun M. O. 2	38. ADDRESS /71 S. HI	LHLAND AUE	23c. DATE SIGNED
24A. BURIAL, CA TION, REMOVAL SPO BURIAL	248. DATE 7/21/52		24c. NAME OF CEMETE Holy Redeemer		Belair Rd.	n, or county) (State)
DATE RECEIVED LOCAL REGISTR		s SIGNATU		25. FUNERAL DIR		ADDRESS
VS 150		7	March Stores	2601-03-05 E	Madison Street.	



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2 BIRTH	66	75	

Registered 52 6675

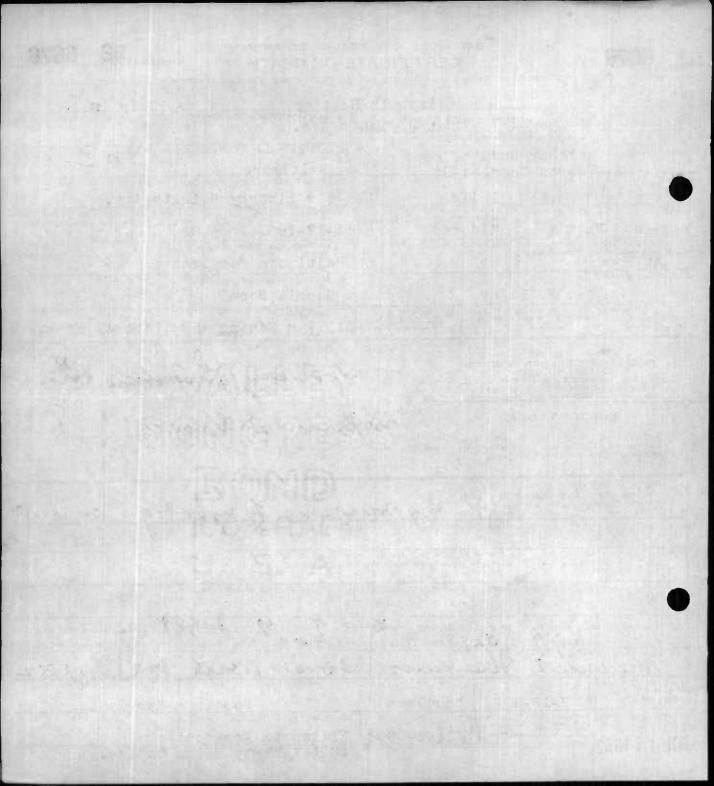
1. (T	NAME OF DECEASED EDITH-IRENE	E-BOOSE 2. DATE OF 7/19/52	
	B. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: resi	dence dmission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give
IN	5247 Linden Height an	· Hampstead 5600 "	ownship)
	Mos. Mos. Days	D. STREET ADDRESS (If rural give location)	
5.	S. SEX G. COLOR OR RACE 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under Last birthday) Months: Days Hou	dar 24 Hours
0/	Demal Milete Middowed	5/6/1874 78	
rorl	OA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY WHAT CO	DF UNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•
7 ==	5. WAS DECEASED EVER IN U. S. ARMED FORCES? & 16. SOCIAL	amanda Burgoon	
(Ye	es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	Yeigh
	. 0 /		BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET ANI	DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	momanoses	
	ANTECEDENT CAUSES	. 011 mi	
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	oma of sug. Maxella	
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
IFIC	(c)		
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTO	DPSY?
CA	21a. ACCIDENT, SUICIDE. 21b. PLACE OF INJURY (e. g., ir	n or 21c. WHERE DID (If in Baltimore City, give exact locat	NO L
1EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?	0,
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
	m. WORK AT WORK		
	deceased alive on 18 attended the deceased from deceased alive on 18 and that death occur	192, to 2/19, 192, that I last rreducts 22m., from the causes and on the date stated	
		28. ADDRESS 23c. DATE S	
24	4A. BÜRIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county)	(State)
	Burial 7/22/52 Junion (emetery Silver Run, Carra	el Cu
	OCAL REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS	PA
	VS 150	P P A C : COM	alug
		My A. Little	



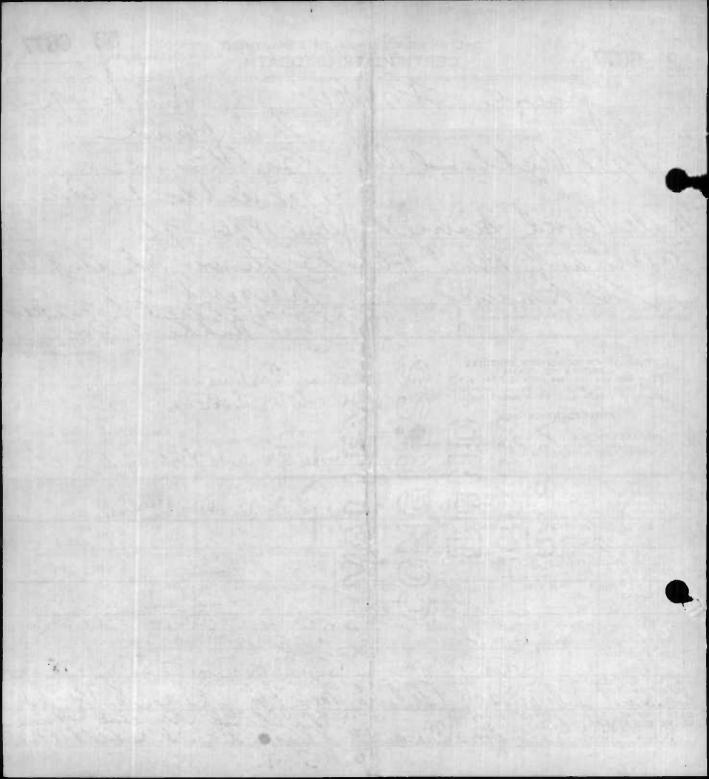
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52 BIRTH	6676

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered \$2 6676

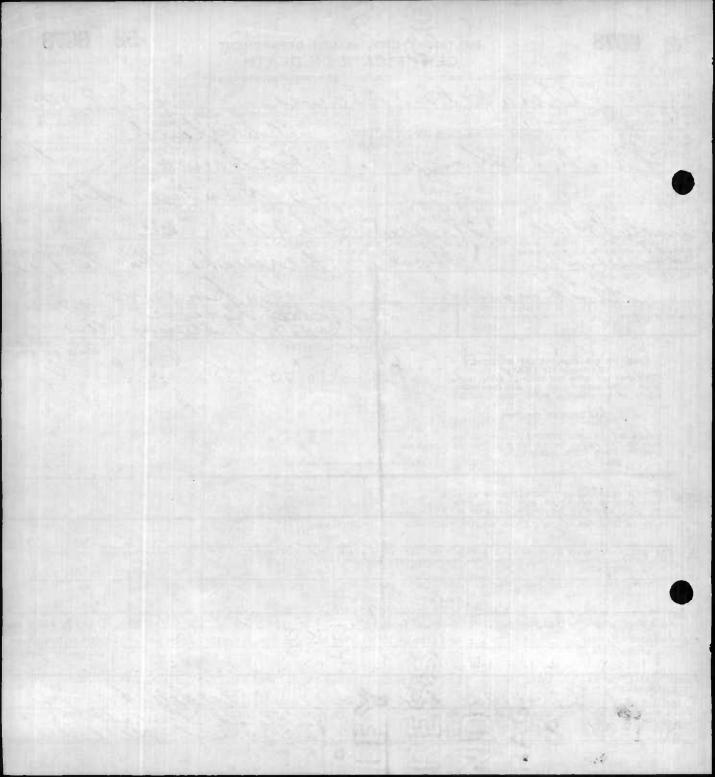
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE
Eliza	abeth Gettier DEATH July 18.1952
a. Baltimore City, Maryland 2327 North C	
B. FULL NAME OF (If not in hospital or institution, give stre	B. COUNTY before admission eet address or
HOSPITAL OR Melchor Nursing Home	location)
2727North Charles St.	Baltimore ZX-0 L township
A PAINOLOII CHAILES DO	Yrs. O. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore L ife	Mos. Days 4509 Liberty Heights Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	D. 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Bader 24 House
Female Whit e Widowed	RCED (Specify) 1-17-1861 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Glvekiod of work dooe during most of working life, even if retired)	
At Home	Baltimore Maryland WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. H. Daley	Sophia Horn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI.	
(Yes, no or uakoowo) (If yes, give war or dates of service) SECU	IDITY NO IV. INFORMANT ADDRESS
	Lillian Mahone 4509 Liberty Hghts.
18. 42011	CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND GEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Coronary Thrombosy that
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
	Coronary Thrombous Charles artirio - Scheroses ?
ANTECEDENT CAUSES	Cirting Schennes
O DISEASES OR CONDITIONS, IF ANY, GIVING (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
<u>0</u> (c) .	
OTHER SIGNIFICANT CONDITIONS CON	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Jangrene 7 reserves municit
194. DATE OF OPERATION 198. MAJOR FINDINGS	S OF OPERATION 20. AUTOPSY?
X	YES NO M
21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJ LYING OR CONTRIBUTING about home, farm, factory, str	JURY (e.g., lo or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, str	reet, office bidg., etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJUR	PY OCCURRED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT	NOT WHILE
m. WORK	AT WORK
22. I hereby certify that I attended the deceased j	from March 7, 1949, to July 8, 1952 that I last saw the
deccased alive on 1952, and that d	leath occurred at 4 30 P.m., from the causes and on the date stated above.
23A-SIGNATURE	238 ADDRESS 236. DATE SIGNED
Maurice L. Hannel	VM.O. 3300 W. Mora one 9/19/52
24a. BURIAL, CREMA- 24B. DATE 1 24C. NAME 1	OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burial 7-19-52 Woodla	awn Woodlawn Maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Tuntington Williams	Ellsworth Armacost
JUL 1 9 1952	600 Liberty Heigh ts Ave
V 3.130	TOUR DADELLA DETAIL PROPERTY.



(26		DALT	NODE CITY HE			52	EC MM
Br	2 NO. 66	77			E OF DEATH	-	gistered No	0077
	NAME OF D ype or Print)	ECEASED	h	Par	leer	2. DA	Lu 15	1952
Α.	PLACE OF D Baltimore	EATH: City Maryland			4. USUAL RESIDEN	ICE (Where deres	ased lifed. If institu	ution residence before admission)
HO	FULL NAME OSPITAL OR STITUTION	of the not in hospit	I I	give street address or location)	c. CITY OR TOWN	() subside co	rporate limits	e RURAL and o ve
1	0//	or we	arar	Yrs. Mos.	D. STREET ADDRES	S (If rural, give	location)	0
C.	Length of s	6. OLOGOR RACE	7. SINGLE, N	Days	B. DATE OF BIRTH	9. AGE last b	(in years f bader irthday) Months	Year If Under 24 hours Days Hours Min.
Nork	A. SUAL OC	CUPATION (Give kiny of of working life, even if roured)	10g KIND O	F BUSINESS OR	11. PORTHPLACE (SA	ate or foreign cour	6	ITIZEN OF
13	FATHER'S	want	Ketai	Notions	F4. MOTHER'S MAIN	NAME /	hed. I	C.S. a.
15	WASTECEASI	CMACA ED EVER IN U. S. ARME	aur	6. SOCIAL	Mary	raret	106	10.1.
(Yei	, no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	MUTTORMANT BY	ashla	al Copy	ne.
	18. 59 d	E OR CONDITION	DIRECTLY	CAUSE	OF DEATH		0	NTERVAL BETWEEN NSET AND DEATH
	heart failu	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mes complication which	of dying, e.g., ins the disease,	(A)	rmay Lox	eni.	44.	•••••••••••••••••••••••••
	injury or	ANTECEDENT CAUS		DUE TO Ł U	remed Man	fatations		
LION	RISE TO T	OR CONDITIONS, I	STATING THE	(B)	maineu a		12 1 -	•••••••••••••••••••••••••••••••••••••••
FICA	ONDERL	ING CONDITION LA	351.	(C)	mone gram	muli My	hutes.	
ERTI	TRIBUTING	IGNIFICANT CONDI	NOT RELATED	12mast		· Was	Us:	
L C	le le	F OPERATION	98. MAJOR F	INDINGS OF PER	ATION			20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING	21B. PLACE	OF INJURY (c. g., in, factory, street, office bldg., e	or 21c. WHERE DIE		more City, give ex	YES NO NO Kact Iocation)
Σ		(Month) (Day) (Year)		E. INJURY OCCURRI	ED 21F. HOW DID I	NJURY OCCUR	?	
7	22. I hereb	y certify that I att	m. W	ORK AT WORK	1951	to July	15 19 Stha	at I last saw the
		live on July 14		d that death occur	red at 930 P. m., j	//	s and on the da	
24		VYK	reals x	Jounny N. O.	1532 EM	Mundal 240. LOCATION	(City, toyen, or con	7/18/52
K	REMOVAL (S	1 July 40.	1952	Cerbutus	hem. P.K.	100	Ma.	y feel.
	TE RECEIVE	1952 Hunt	s signature	Elians MI	GARAGE AND	Navi	anelde Oki	U a.
	VS 150		0 400	6	671			



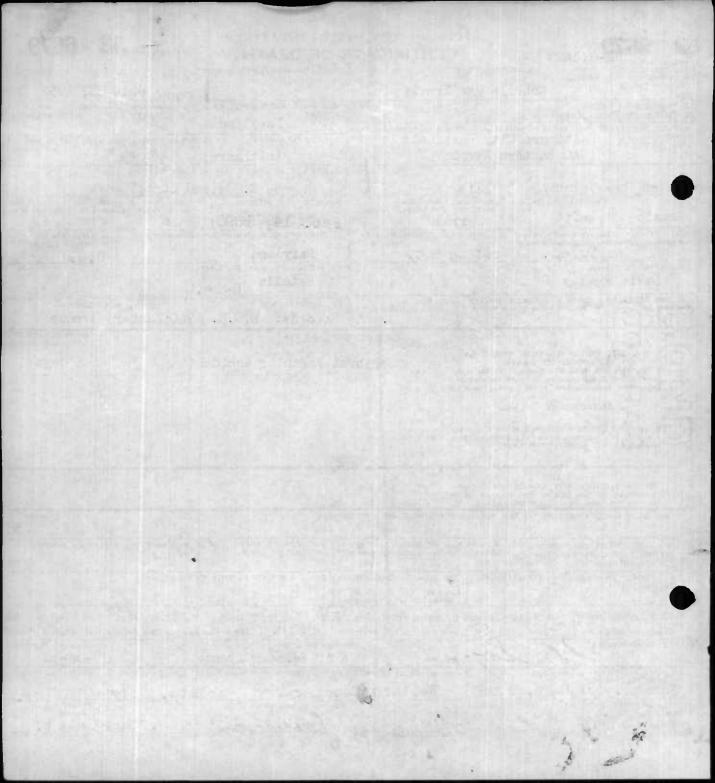
11 0001		
52 6678	BALTIMORE CITY HEALTH DEPARTMENT	6678
BIRTH NO.	CERTIFICATE OF DEATH Registere	d No.
1 NAME OF DECEASED A	the R . 2. DATE OF	1 0
(Type or Print)		118, 1952
A. Baltimore City, Maryland	A. USUAL RISIDENCE (Where decessed live	before admission)
HOSPITAL OR	itution, give street address or location) C. CITY OR BWN If outside corporate li	mits, write RURAL and give
INSTITUTION'S.	our Frederick	township)
	Yrs. D. STREET ADDRESS (If rural, giv. location)	11
c. Length of stay in Baltimore 5. SO 6. COLOR OR RACE 7. SIN	Days 45 Venly	D1.
o. Jack on lotter 11 on		Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of Wirk don turing most of working life oven if retired)	IND OF BUSINESS OR INDUSTRY 11. BIRTHOLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	Anne Flederick, Mi	u/a.
11 and and and	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service		ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO. JULIANO STATUTE	ane.
18. 42211	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT		- 3
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	scase,	
injury or complication which caused de	eath.) DUE TO	
ANTECEDENT CAUSES	(B)	
O DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	IVING	
UNDERLYING CONDITION LAST.	(C)	
TRIBUTING TO THE DEATH, BUT NOT REL	ATED	
TO THE DISEASE OR CONDITION CAUSIN	OR FINDINGS OF OPERATION	20, AUTOPSY?
48		YES NO
21A. ACCIDENT WAS UNDER- 21B. LYING OR CONTRIBUTING abont be CAUSE OF DEATH	PLACE OF INJURY (e.g., in or me, farm, factory, street, office bldg., etc.) NJURY OCCUR? (If in Baltimore Cityme, farm, factory, street, office bldg., etc.)	y, give exact location)
1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
n	WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended t	he deceased from 19 700 8, 19	S, that I last saw the
deceased alive on 1, 19	L. and that death occurred at Am., from the causes and or	
23A. SIGNATURE	3 M.O. SA SA CONTRACTOR TO	23C. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE	24c. NAME OF CEMETERY OR CREMATORY 24o. LOSTION (City, to	wn, or county) (State)
Durial July 21, 195	& Menlyer Frederice	me!
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	ATURE 125 JUNERAL DIRECTOR June	call offine
JUL 13 1304 Thursingle	m Miliaux, M. 1631 Druid A	il one
VS 150		



61	
3	6679
BIRTH	NO EB-161929

Registered No. 6679

BIRTH NO. ED-101929		CERTII ICATI	L OI DEATH		
1. NAME OF DECEASED (Type or Print)	Estella Mae	Travis		OF July	18, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryla B. FULL NAME OF (If not i	n hospital or institut	ion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland		
1140111011014	ore City Ho astern Aven		c. CITY OR TOWN (III Baltimore		ts, write kURAL, and give
ength of stay in Baltin	nore life	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location) tend Street	
Female White	WIDOW	E. MARRIED. VED, DIVORCED (Specify) ried	8. DATE OF BIRTH Feb. 14, 1896		onths Days Hours Min.
10A. USUAL OCCUPATION (Green during most of working life, even the ployed	ifretired)	of Business or INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
David Ramsey			14. MOTHER'S MAIDEN N. Estella Ogl		
15. WAS DECEASED EVER IN U. S (Yea, no or unknown) (If yea, give we	S. ARMED FORCES? ar or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B.C.H.	A	n Avenue
18. 33/1		CAUSE	OF DEATH		INTERVAL BETWEEN
(This does not mean the	mode of dying, e. g	(A)	al Vascular Accid	lent	8 days
heart failure, asthenia, etc injury or complication					
ANTECEDENT	CAUSES				
DISEASES OR CONDITI	SE (A) STATING TH				
OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR COI	H, BUT NOT RELATE	D			
19A. DATE OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION	H. A. A.	YES NO X
21a. ACCIDENT WAS UN LYING OR CONTRIBUT CAUSE OF DEATH		ACE OF INJURY (e. g., in arm, fectory, street, office bldg., e		If in Baltimore City,	give exact location)
2 ID. TIME (Month) (Day) OF INJURY		21E. INJURY OCCURRI		Y OCCUR?	
22. I hereby certify that deceased alive on 7-	t I attended the	deceased from	7-14, 1952, to rred at8:20 a m., from t		2, that I last saw the
23A. SIGNATURE	loze	2	38. ADDRESS 4940 Eastern Aver		23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. TION, REMOVAL (Specify)			RY DR CREMATORY 24D. L		, or county) (State)
	STRAR'S SIGNATE		25. FUNERAL DIRECTOR		arles St.
VS 150	185	290	Ch.		
		010	0/7		



-	52	3 5 6680
ı	BIRTH	NO.

52 6680 Registered No.

	NAME OF D ype or Print)		5 /	MARTINE	56	2. DATE OF DEATH	7-18-52
A.		EATH: City, Maryland			4. USUAL RESID		vcd. If institution : residence VTY before admission)
В.	FULL NAME		al or institut	ion, give street address or location)	Ma.		
IN	STITUTION	SITY HO	5P1		c. CITY OR TOWN	37/154	te limits, write RUTAL and give township)
				Yrs.	D. STREET ADDR	ESS (If rural, give locat	io()
à.	Length of s	tay in Baltimore		Mos. Days	Bacto	Md.	
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRT		cars If Under 1 Year If Under 24 Ilcuis ay) Months: Days Hours: Min.
	7	ω .		Low	May 22,	1869 23	ay) Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	/1/	sevife	-	INDUSTRI	Zam	any	WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MA		
	ur	Brown	2		unk	nown	
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	71 / /	ADDRESS
1100	TWO	My grower in dece	I III Set vice)	SECURITY NO.	Thm a	Martinek	3107 Erlano
	18. 1/5	\ . \ \		CAUSE	OF DEATH		UNTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEAT	TH	URG	MIA		71.42 1.0
	heart failu	re, asthenia, etc. It mea complication which c	ns the discas	e.		······	
	mjury or					•	
-		ANTECEDENT CAUS	ES	N(Y	OCARNI	36 LWEAR	CTION!
O	DISEASES	OR CONDITIONS, II	ANY, GIVIN	lG .			
F	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	-EDASC	LEROSIS	
CA				(C)	0,0000		
1		П					
ERT		IGNIFICANT CONDI			A 1 0	CARCON	FRATURE 9
Ö	TO THE D	ISEASE OR CONDITION	CAUSING F			CAPSULAR	REMAIN
ارد	19A. DATE C	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
S			I ale Di	CE OF INTURY (!-	or 21c. WHERE I	OID (If in Poltimone	City, give exact location)
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	ebont home,	ACE OF INJURY (e. g., in Farm, factory, street, nffice bldg., e	injury occu	JR?	City, give exact location)
2	210, TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DIE	INJURY OCCUR?	
L.	FINJURI		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the		26-52-195	Zto 7-18-52	, 1957 that I last saw the
		live on 7-18.5		and that death occur	red at 3: 25 Pm	., from the causes and	d on the date stated above.
	23A-STGNA		111		38. ADDRESS		23c. DATE SIGNED
	MA	my m	r W	ush M.D.	0.61.		17-18
2.4 TIC	N. BEMOVAL	CREMA- RAB. DATE	, -	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City	y, town, or county) (State)
	Buri	al 7-21	-52	Oak Hill	Cometery	1300 Horn	ers Lane Mg.
LC	TE RECEIVE		S SIGNATU	A/II.	25. FUNERAL DIF	RECTOR RALL	ADDRESS
#	19 195	2 1	reford.	Williams-Mix	MILLER	in v. digni	, 6009 Harford A
	VS 150	THE RESERVE TO SELECTION OF THE PERSON OF TH	0				V

NOT: A MEDICAL EXAMINER'S CASE

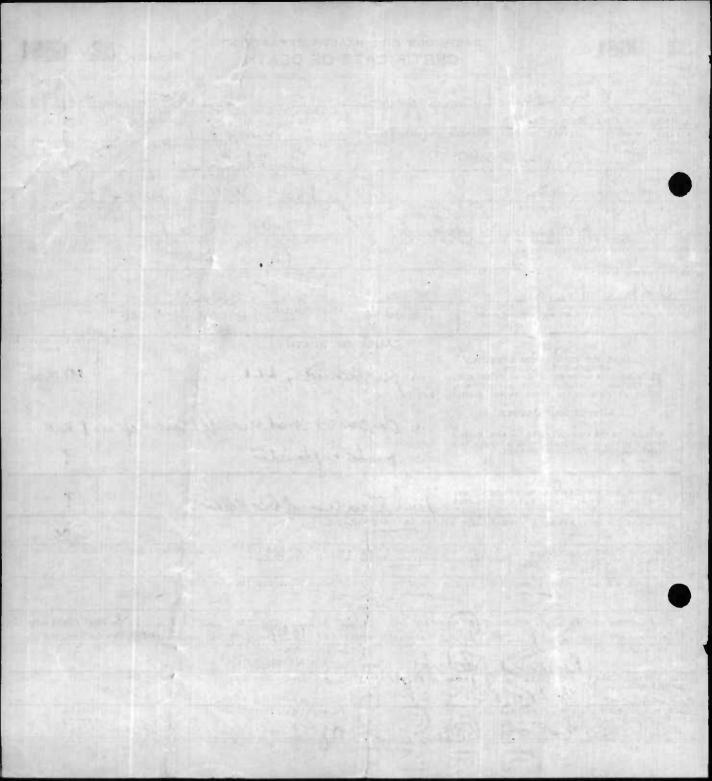
M.D.

emer or as a medical examinan

CERTIFICATE OF DEATH

Registered No 6681

BIRTH NO.	E OF DEATH	cered Ne
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH (In la 1/0,1957.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased A. STATE B. COU	
B. FULL NAME OF (If not in hospital or institution, give street address location INSTITUTION JOHNS HOPKINS HOSPITAL	or md.	ate limits write RERAL and give township)
JOHNS HOPKINS HOSPITAL	12 altrinane	
Length of stay in Baltimore Day	10 00 (401.	m St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Colors)	s. DATE OF BIRTH 9. AGE (In) last birth 1 1 1 1 1 1 1 1 1 1 1 1 1	day) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, aven if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT HOPKINS HOSP	PITALADDRESS
18. 60010 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	rouse, LLL	10da
heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.)		
injury or complication which caused death.) DUE TO	nic rend mullican	ay I no
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	nic rend mulfrem	ey I no
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDER! YING CONDITION AST	vic rend mulfrem o replants	ey Inco
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	uic renstmachten O nephritus ulum 1 bladder	24 1 NCO 3
ANTECEDENT CAUSES OF COMPLEX CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B	ulm of bladder	20. AUTOPSY? YES NO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B, PLACE OF INJURY (e.g. about home, farm, factory, stract, office bld; CAUSE OF DEATH	nephrita when of bledler RATION in or 21c, WHERE DID (If in Baltimore)	20. AUTOPSY?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	in or 21c. WHERE DID (If in Baltimore INJURY OCCUR?	20. AUTOPSY7 YES NO
ANTECEDENT CAUSES OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY WHILE AT WORK WHILE AT WORK AT WORK	in or 21c. WHERE DID (If in Baltimore INJURY OCCUR?	20. AUTOPSY? YES NO Control of the c
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	in or 21c. WHERE DID (If in Baltimore, etc.) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR?	20. AUTOPSY7 YES NO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bidging to the control of the c	in or 21c. WHERE DID (If in Baltimore, etc.) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO Concert City, give exact location) , 192, that I last saw the
ANTECEDENT CAUSES OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased from deceased alive on 15 years and that death occ 23A. SIGNATURE	in or 21c. WHERE DID (If in Baltimore, etc.) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? [0-19 1957, to 7-16 causes and 23b. ADDRESS	20. AUTOPSY? YES NO e City, give exact location) , 192, that I last saw the ad on the date stated above. 23c. DATE SIGNED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g. about homa, farm, factory, stract, office bldg CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR WHILE AT WORK	in or 21c. WHERE DID (If in Baltimore INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? O-19 1957, to 7-16 urred at 1055 m., from the causes an 23b. ADDRESS JOHNS HOPKINS HOSPITAL	20. AUTOPSY? YES NO e City, give exact location) , 192, that I last saw the ad on the date stated above. 23c. DATE SIGNED



-	1	5000
1	DAC	6882

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N52 6682

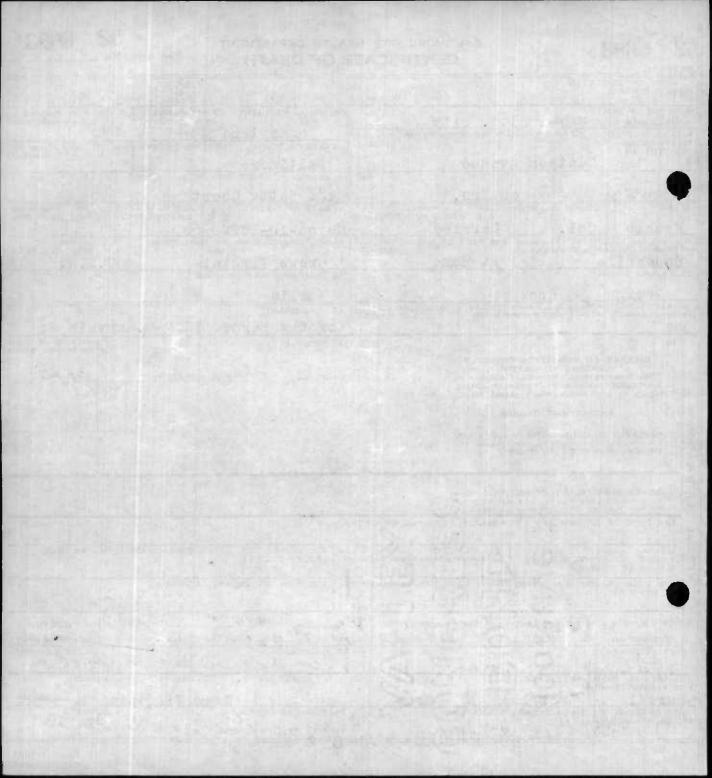
BIRTH NO. CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED RECEIVED BLANCHE M. Brown	2. DATE OF DEATH 7-15-5?
A. Baltimore City, Maryland 4. USUAL RESIDEN	CE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN	101
INSTITUTION Provident Hospital Batter	(If outside corporate wits, write RUIAL and give township)
ZO — Yrs. D. STREET ADDRESS	(If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH	9. AGE (In years) If Under 1 Year If Under 24 Hours
Fe Cal. WIDOWED, DIVORCED (Specify) June 16-19	9. AGE (In years fl Under I Vest I Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (Sta work done during most of working life, even if retired)	te or foreign country) 12. CITIZEN OF
Domestie at Home Kolinson (a. N.C. U.S.A.
_ Will Brown Dischold	EN NAME Rocy
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. 17. INFORMANT	illie Branon B. Ding
18. 331X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY CONDITION OF CONDITION	Reg. Dat 6-17-52
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	7-15-57
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
A CURPLYING CONDITION EAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
218. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, furm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
E CAUSE OF BEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID IN WHILE AT WORK AT WORK	NJURY OCCUR?
22. I hereby certify that I attended the deceased from 6.17. , 1957	to 7.65, 19 6, that I last saw the
deceased alive on 19 and that death occurred at 3 m., fr	rom the causes and on the date stated above.
23A. SIGNATURE 23B. ADDRESS MAD. 1427 Mads.	APIN OR 23C. DATE SIGNED
	4D. LOCATION (City, town, or county) (State)
Buil 7-19-52 my Calvery am.	Brooklyn one
DATE RECEIVED BY REGISTRAR'S SIGNATURE	TOR ADDRESS
JUL 1 9 1952 Tuntington Villiams MP 0 16	of the sound
7208A	

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

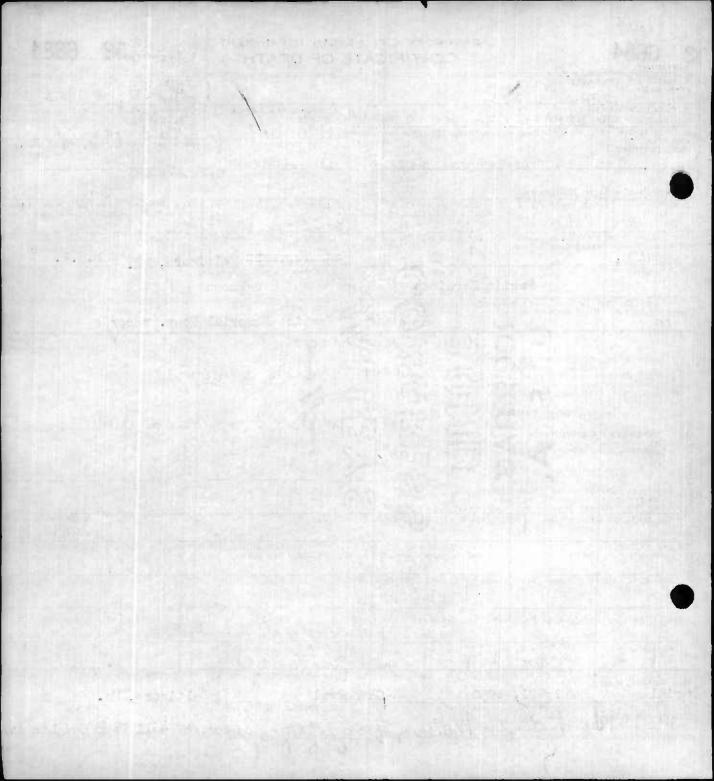
52 6683 Registered No.

BIRTH NO.	
1. NAME OF DECEASED	2. DATE
(Type or Print) Lavinia Barne	of DEATHJUIV-17-1952
a. Baltimore City, MarylandBalto. City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RUAL and give
1207 Madison Avenue	Baltimore
Yrs.	1 -1 - 1111 11111 (1
descending the description of Stay in Baltimore 40 Yrs. Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (in years II Under I Year II Under 24 Hours (y) Months; Days Hours; Min.
Female Col. Married	March-15-1899 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife At Home	Crewe Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Epps	Lelia ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT ADDRESS
(Nos, no or unknown) (If yes, give war or detes of service) SECURITY NO.	Dorothy Barnes 1317 W. Lanvale St
	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	The man de sin 3 a si
heart failure, asthenia, etc. It means the disease,	corang - corrected Corners
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194 DATE OF OPERATION A LIGH MAJOR FINDINGS OF OPE	ERATION 20, AUTOPSY?
N N N N N N N N N N N N N N N N N N N	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	g.,etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. WORK L.J AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 7-17, 1952, and that death occurrence 234 SIGNATURE	7-17, 1957, to 7-17, 1957, that I last saw the
deceased alive on 1-17, 1952, and that death occ	urred at 9 0 Pm., from the causes and on the date stated above
	23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	1701 Madeis ave 7-18-52 TERY OR CREMATORY 24D, LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	(State)
Burial 7/21/1952 Crew	Crew Virginia
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
JUL 191952 Huntangton WH. C. NET	Elioyo, Wilson 1000 Builty Me



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 8 6684

BI	RTH NO.			CERTIFICAT	OF DEATH
	NAME OF D	MARY WOO	ds		2. DATE OF July 18, 1952
	PLACE OF D	EATH: City, Maryland B	pltima!	op Mariland	4. USUAL RESIDENCE (Where deceased lived, A institution; residence A. STATE B_COUNTY before admission)
B. HC	FULL NAME		al or instituti	ion, give street address or location)	Mary hand Baltimore C. CITY OR TOWN, (If outside corporate limits, write HURAL and give
IN	STITUTION	ENKins Me	maria	1 11 06.	Raltimore township
1		-1416.02 ME	11101610	Yrs.	D. STREET ADDRESS (If rural, give location)
	ength of s	tay in Baltimore		Mos. Days	25-4
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH 9. AGE (In years I Under I Year I Under 24 Hours
	F.	W.	WIDOW	ED, DIVORCED (Specify)	3-25-1880 Hast birthday) Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Но	usewife,	working me, even in rectred)		INDUSTRY	Baltimore, Md. U.S.A.
13	. FATHER'S				14. MOTHER'S MAIDEN NAME
		Mar	tin Har	diman	unknown
15 (Yes	. WAS DECEASI	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
`	no			none	Jenkins Memorial Hosp. records
CERTIFICATION	(This does heart failt injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode of the complexition which of the complexition complexities are conditions. It is is not the death, but its complexities or conditions	TH of dying, e. s. ins the diseas aused death SES F ANY, GIVIN STATING THAT. ITIONS CONNOT RELATE	(B) Arterio (B) Arterio (C)	- vascular Accident. sclerotic - Cardio vascular Disfase
AL	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO
EDICA	21A. ACCIDE HOMICIDE	INT. SUICIDE. (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,	
Σ	OF INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURR WHILE AT WORK AT WORK	
	31	live on 14 18		deceased from VIV	, 1917, to JVI , 19 That I last saw the red at bir h, m., from the causes and on the date stated above.
	Vmd	in Turtos	M.D.	м. о.	J. Venus Nab. 17. 18.52
	A. BURIAL, (S	DREMA- 248. DATE		24c. NAME OF CEMETE	
_	rial ATE RECEIVE	July 21,		The second secon	edral Baltimore, Md.
LC	JUL PEG	1952 Hunting	story /	Miscus Moz	. WMM Jesumm. 4611 Park Heights Ave
	VS 150	' /	-	was ful of	A A O 12



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

12	RTH 668	5		CERTIFICATI	E OF DEATH	Registere	d No
1. (T	NAME OF D ype or Print)	eceased Cha	arles He	nry Birmingha	m	2. DATE OF Jul	y 19, 1952
Α.	PLACE OF D Baltimore (City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDEN A. STATE Maryland	ICE (Where deceased lived.	If institution; residence before admission)
H	DSPITAL OR ISTITUTION	Garrison Nur 2803 Garriso	rsing Ho	location)	c. CITY OR TOWN Baltimore	(If outside corporated)	mits, write RURAL and give township)
	ength of s	tay in Baltimore	7 year	Yrs. Mos. Days	4122 Rola	s (If rural, give location) nd Avenue	
5.	Male	6.COLOR OR RACE White	7. SINGLE	MARRIED, ED. DIVORCED (Specify)	July 31, 18	9. AGE (In years last hirthday)	Months Days Hours Min.
Mor	done during most	CUPATION (Give kind of polyocking life, even if retired) ring Storage NAME		of Business or INDUSTRY es Retired	New Jersey 14. MOTHER'S MAIL		12. CITIZEN OF WHAT COUNTRY?
	Unknown				Unknown		
	. WAS DECEASI e, no or unknown)	ED EVER IN U.S. ARME! (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT C. H. Birmin	gham, Jr. 4122	ADDRESS Roland Avenue
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEA into mean the mode of the asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA II GIGNIFICANT CONDI STO THE DEATH, BUT ISEASE OR CONDITION	TH of dying, e. g ns the disease caused death. SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	etostas	Prostate s & leng	ONSET AND DEATH 2 year 1 year
MEDICAL	21A. ACCID LYING OI CAUSE OF 21D. TIME F INJURY	PENT WAS UNDER. R CONTRIBUTING DEATH (Month) (Day) (Year) R certify that Late live on Death	21B. PLA about home, for (Hour) m.	CE OF INJURY (e.g., harm, factory, street, office bldg., certification). 21e. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from And that death occur	ED 21F. HOW DID	njury occur? to July 19, 19	y, give exact location) Athat I last saw the the date stated above.
TI	Burial (S Burial	July 22,	1952	Northwood Cem	etery	Philadelphia,	
D	ATE RECEIVE	D BY REGISTRAR'			25. FUNERAL DIRE		ADDRESS

where the first skip the party con in the 20 ALL PORTERING IN

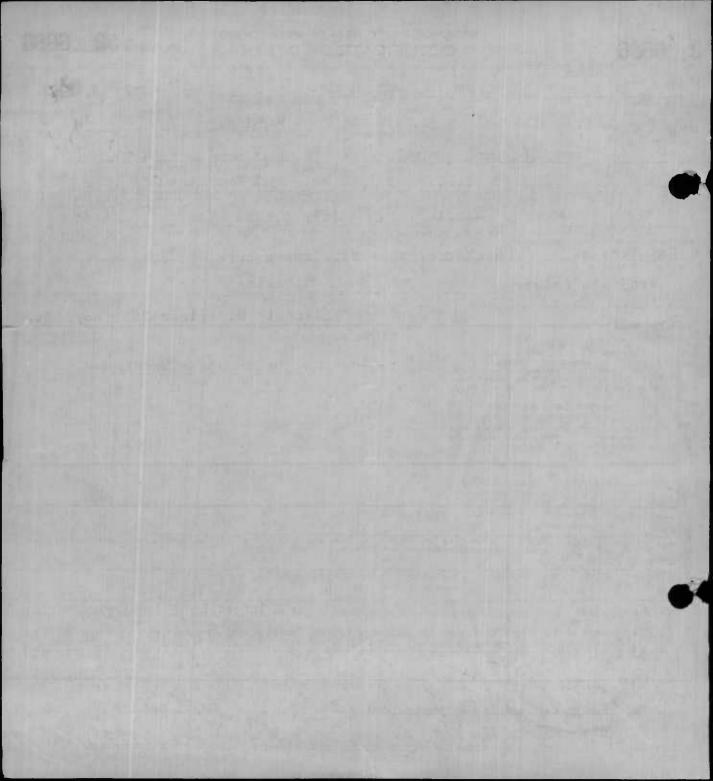
11/	16	
₽ BI	BTH 6886	

with the causes of acam clearly and its y.

thor course

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2 6686

BIRTH NO.	CERTIFIC	AIL OI DEAI		
1. NAME OF DECEASED			2. DATE	
(Type or Print)	HARRISON SPIC	CER, Sr.	DEATH July	7 18, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESID	DENCE (Where deceased lived, I B, COUNTY	f institution: residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	al or institution, give street add	ress or Mar	yland N (If outside corporate lim	its, write RUA and give
	Square Hospital	Bal	timore	() township)
		Yrs. D. STREET ADDR	RESS (If rural, give location)	
ength of stay in Baltimore	22 Yrs.	Mos. Days 2522	2 Boyd Street	
male 6.COLOR OR RACE white	7. SINGLE, MARRIED. WIDOWED DIVORCED (Married	Specify) July 1,18	last birthday) N	for the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired)	10B. KIND OF BUSINESS	OR 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
Maintenance	Becker Pretze		hama M V	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME	
Benjamin Spicer		Catheri	ne	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date		17. INFORMANT		ADDRESS
(1. 300, 8170 411 01 0410	2/8-09-9	595 Elizabeth	M. Spicer 252:	2 Boyd St.
18. 44.7.5.1	CAI	JSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION		JOE OF DEATH		ONSET AND DEATH
LEADING TO DEA (This does not mean the mode of		eriosclerotic o	cardiovascular dis	sease
heart failure, asthenia, etc. It mes injury or complication which	ans the disease,			***********
ANTECEDENT CAUS				
Z DISEASES OR CONDITIONS, I		***************************************	······································	***************************************
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	AST.			
O	(C)		•••••••••••••••••••••••••••••••••••••••	
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE OISEASE OR CONDITION	ITIONS CON			
TRIBUTING TO THE DEATH, BUT	NOT RELATED			
	9B. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
,				YES NO X
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-				give exact location)
Z 21D. TIME (Month) (Day) (Year)		CURRED 21F. HOW DII	O INJURY OCCUR?	
OF INJURY	WHILE AT NOT	WHILE		
22. I certify that I took char			nspection & inqui	ry thereon and from
			Autopsy, Inspection or Inquiry	
and death in my pinton	resulted from: natural o	causes X , accident \Box .	t said deceased died on t , suicide \square , homicide \square ,	ne day stated above, undetermined \Box .
23A. SIGNATURE	x 0.	ASSISTANT N	EDICAL EXAMINER	3c. DATE SIGNED
24A BURIAL, CREMA- 24B, DATE	1 24C NAME OF CE	MEDICAL IN		11v 18, 1952 n. or county) (State)
TION REMOVAL (Specify)	7 1953 - 1	Sala	19 Attion	, , , , , , , , , , , , , , , , , , , ,
DATE RECEIVED BY REGISTRAR	SSIGNATURE	25 FUNERAL DH	RECTOR	ADDRESS
LOCAL REGISTRAD	yton Williams y	Vist Fred	1/ole 191	3 W Balto St.
V S 151		4 411		1/



BURNS BALTIMORE CITY HEALTH DEPARTMENT

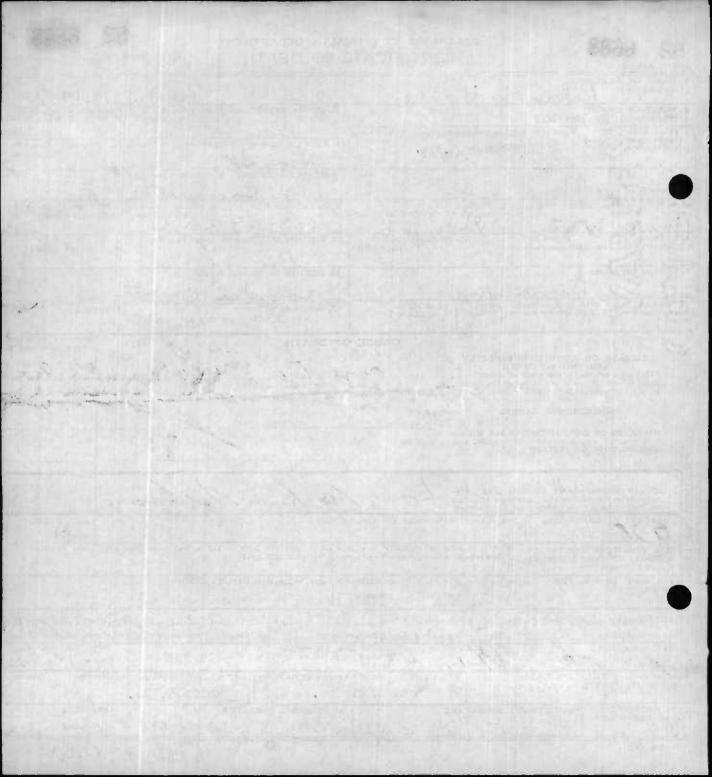
Bariston 52 6687

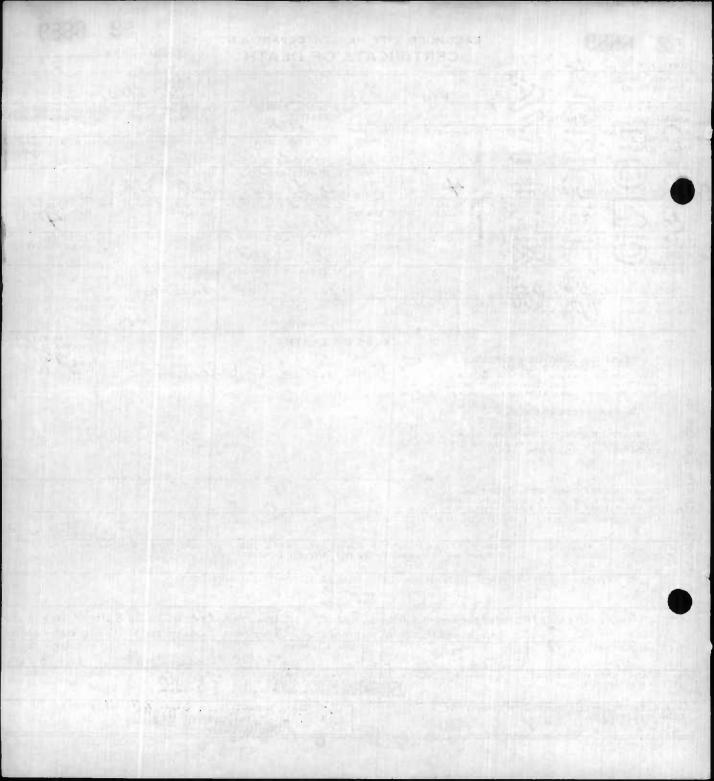
	RTH NO.			CERTIFICAT	E OF DEATH	Registere	NO
1. (T	NAME OF D	ECEASED	D. /3	Swms		2. DATE OF DEATH	ely 17 1952
Α.	PLACE OF D Baltimore (City, Maryland /	48 4	Cross &	4. USUAL RESIDENCE A. STATE	(Where deccased fived, B. COUNTY	If institution: residence before admission)
H	OSPITAL OR ISTITUTION			Iocation)	C. CITY OR TOWN	If outside corporate lin	mits/write EURAL and give township)
GH	Length of s	tay in Baltimore		Yrs. Mos. Days		If rural, give location)	1
- Administration	SEX F	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	Supt 1 4188	9. AGE (In years last birthday)	If Under I Year If Under 24 Hours Months: Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Pal Pal	eigh Fa	1100	_	14. MOTHER'S MAIDEN	HAME HODDA	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Bums !	ADDRESS 48:0
	18. 442 DISEAS	E OR CONDITION	DIRECTIV	CAUSE	OF DEATH	2.	INTERVAL BETWEEN ONSET AND DEATH
	(This does	LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which	TH of dying, e.g ns the disease		Speatry For	uline	
7	211,942,9 01	ANTECEDENT CAUS		(B) /Le	meslegia		
ATION	RISE TO T	OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G	rtrusive la	rded ros a	en renal
ERTIFIC		II IGNIFICANT CONDI				ginea	12
C	TO THE O	ISEASE OR CONDITION	CAUSING 17	FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL		0					YES NO
MEDI	LYING OF	ENT WAS UNDER CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm,factory,street,office bldg.,		(If in Baltimore City	r, give exact location)
	ID. TIME	(Month) (Day) (Year)	V	THE INJURY OCCURR WHILE AT NOT WHILE		RY OCCUR?	
			m.	WORK AT WORK	410 00-	Testa 12 10	C2
		y certify that I at		- //	rred at 2:00 Pm., from		that I last saw the the date stated above.
	23A. SIGNA	Merros	ky Mr.	Д. м. о.	601 N. News	was St	23c. DATE SIGNED
TIC	Burial Burial	July July	2/.52	24c. NAME OF CEMETE	any Cant	A A C. M	d
L	TE RECEIVE		s signatur	Villiams, M.D.	Saigh of M		8 W Tomby ff
	VC 150		100		600	1	111

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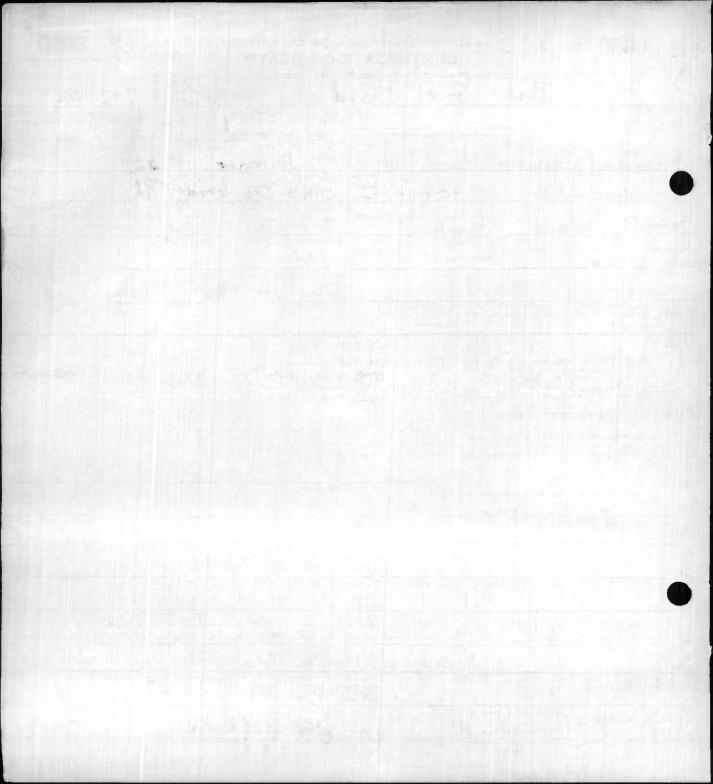
William tests in a restly alleger to

(7	NAME OF DECEAS	Elum	he ()	ames			2. DATE OF DEATH), AA	19.	1957
	Baltimore City,		,		4. USUAL I	RESIDENCE (V	Where deceased lived B. COUNTY	finstitut	tion: residence before admission)
B.	FULL NAME OF	al or institut	or	Va.	V-	43			
	ISTITUTION JO	OHNS HOPK	INS HOS	SPITAL	c. CITY OR	TOWN (If	f outside corporate li	mits, write	RURAL and give township)
7				Yrs		ADDRESS (If	rural, give location)		
	ength of stay in			Mos Day	s 104	+ San	rallette	٠	
5	SEX 6.CO	LOR OR RACE		E. MARRIED.	B. DATE OF	BIRTH	9. AGE (In years last birthday)	If Under 1 Y Months: D	ear If Under 24 Hours Days Hours Min.
I	A. USUAL OCCUPA-	Inte	Wi	domed	11-3	, ,	54		
wor	k done during most of workin	glife, even if rotired)	108. KIND	OF BUSINESS OR INDUSTR	II. BIRTHPL	LACE (State or fo	oreign country)	12. CI W	HAT COUNTRY
13	B. FATHER'S NAME				14. MOTHER	R'S MAIDEN N.	AME		
	0 000	Bonn	1		C.	D.	(). t	-	
13	5. WAS DECEASED EVE	R IN U. S. ARMED	FOICES?	16. SOCIAL	17. INFORM	ANT	urmsu	ADDRE	5
(2,	s, no or unknown) (11 3	es. give war or dates	of service)	SECURITY NO.			PKINS HOSPIT	AF	,5
	18. 591 X	1		ÇAUSE	OF DEATH		0	IN.	TERVAL BETWEEN
	DISEASE OR	CONDITION I	DIRECTLY	()		- 7-	- 4/	4	1 -LL
	(This does not make the does n	nean the mode or	f dying, e. g	(A) On	gestin	e Ta	elene	Al	mpo
	injury or compl	ication which co	aused death.	DUE TO					
	ANTE	CEDENT CAUS	ES					125,120	
NOIT	DISEASES OR C	CONDITIONS, IF	ANY, GIVIN	(B)	***********************	<	•••••••		••••••••••••••••
ATI	UNDERLYING	CONDITION LA	STATING TH ST.						
RTIFICA				(C)		*****	***************************************		
RTI	OTHER SIGNIF	ICANT CONDI	TIONS CON	. /	11/1	/ /	11/		
CE	TRIBUTING TO THE	HE DEATH, BUT I	NOT RELATE	o hoves	Reph	ron 10	aphroc	200	
1	194 DATE OF OPE			FINDINGS OF OPE	RATION	6		2	O. AUTOPSY?
CA	4-10-3	2	l as Dia	CE OF INTURY (to all ale will	EDE DID	Te to Dollar - Cit		ES NO L
MEDICAL	21A. ACCIDENT W LYING OR CON CAUSE OF DEATH	TRIBUTING		CE OF INJURY (e. g. arm, factory, street, office bldg		OCCUR?	If in Baltimore City	, give exa	act location)
2	21D. TIME (Month)	(Day) (Year)	(Hour) 2	21E. INJURY OCCUR	RED 21F. HO	W DID INJURY	Y OCCUR?		
L			m.	WORK NOT WHILE					
	22. I hereby cert	ify that I atte	ended the	deceased from	5-16	, 1952, to -	7-18,19	52, that	I last saw the
	deceased alive on	7-18	, 1952	and that death occu	urred at 10	m., from t.	he causes and on	the date	e stated above.
1	29A. SIGNATURE	the not	2//6	MY	ZOB ADDRESS	HOPKINS HO		23c.	DATE SIGNED
2	A BURIAL, CREMA-	248. DATE	13	4c. NAME OF CEMET				vn, or cour	nty) (State)
TI	ON. REMOVAL (Specify)	7/19/52		Forest Law		N	orfolk, Va.		
	ATE RECEIVED BY	REGISTRAR	SIGNATU	RE	28. FUNERA	L DIRECTOR	1	/ ADDE	RESS
J	UL 20 1050	Huntin	cton 1	Misus M.P.	Wim	. XXV	sour	T XIII	N
	vs 150	(9 5	U III	6 0	Root	7/	nd.

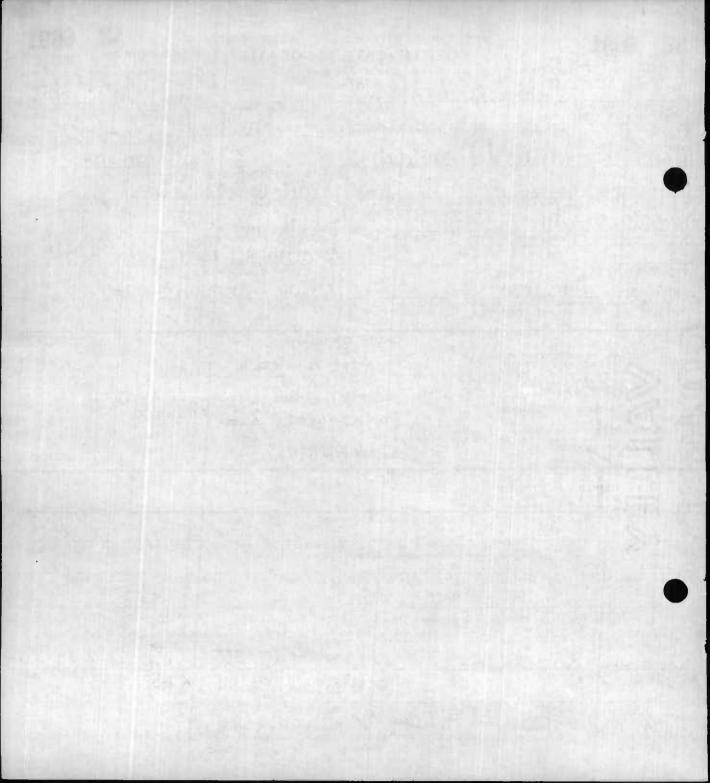




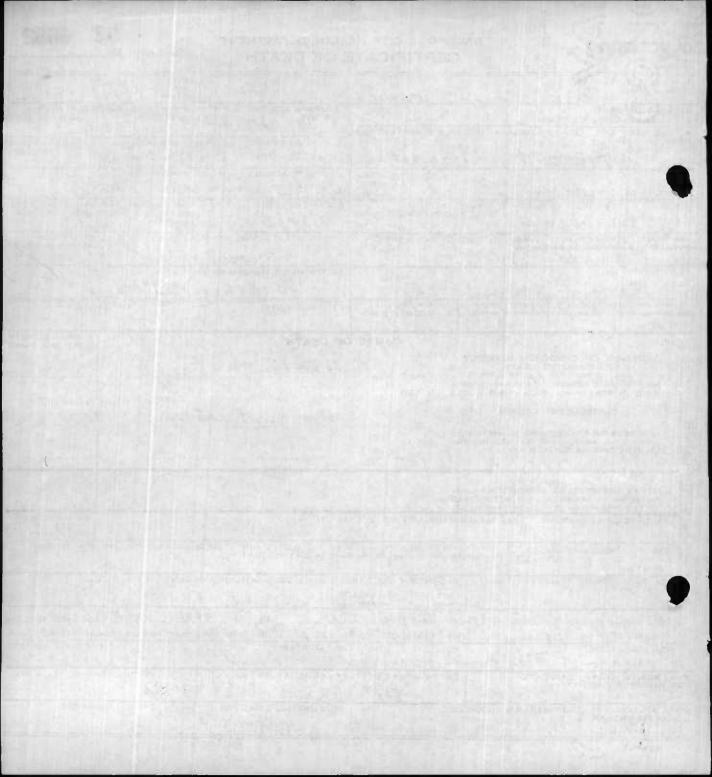
1	360		X
5	2 0000	CITY HEALTH DEPARTMENT	Registered No. 6690
BI	RTH NO. 52-15679 CERTI	FICATE OF DEATH	Registered No.
	NAME OF DECEASED Baby Girl	Boyd	2. DATE OF DEATH 7-7-52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	Where deceased lived. If institution; residence B. COUNTY before admission
	FULL NAME OF (If not in hospital or institution, give stre	Tanada and Tanada	Baltinera
	Maryland General Hospit	B IL	outside corporate limits, write RURAL and give township
	hargand devieted 1183011		rural, give location)
1000	Length of stay in Baltimore 40 mi		riar Rd.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIEI WIDOWED, DIVOR	CED (Specify)	9. AGE (In years Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSIN	NESS OR 11. BIRTHPLACE (State or fo	oreign country) 12. CITIZEN OF
wor	dooeduring most of working life, eveo if retired)	INDUSTRY Md.	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	
	Coleman Boyd	Eleanore Ma	trie Beauchamp
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI. s, no or uoknowo) (If yes, give war or dates of service) SECU	AL RITY NO. 17. INFORMANT	ADDRESS
_			
	18. 776X 1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Trematurity	40 min
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	D	
-11	ANTECEDENT CAUSES		
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING		
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TUNDERLYING CONDITION LAST.	ם [,]	1 - 1 - 1 - 1 - 1
FIC			
RTIFICA	OTHER SIGNIFICANT CONDITIONS CDN-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Ļ	19a. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJ		f in Baltimore City, give exact location)
	HOMICIDE (Specify) about home, farm, factory, at	reet, office bldg., etc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJUR	RY OCCURRED 21F, HOW DID INJURY	OCCUR?
	m. WHILE AT	NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased	from 7-7, 1952, to	7-7, 1952 that I last saw the
	deceased alive on 7-7, 1952, and that of	death occurred at 10 1700m., from t	he causes and on the date stated above
	R. Perez	M.D. Manyland General	Hospital 7-9-52
71	4A. BURIAL, CREMA- DN, REMOVAL (Specify)	WATERTY MEDICAL SCHOOL JUL	OCATION (City, town, or county) (State)
D	THE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Hoalti ADDRESS
7	JL 20 1902 Tuntington Heliaus	TO COMPANY OF AT	Manten .
-	VS 150	1 Liver	



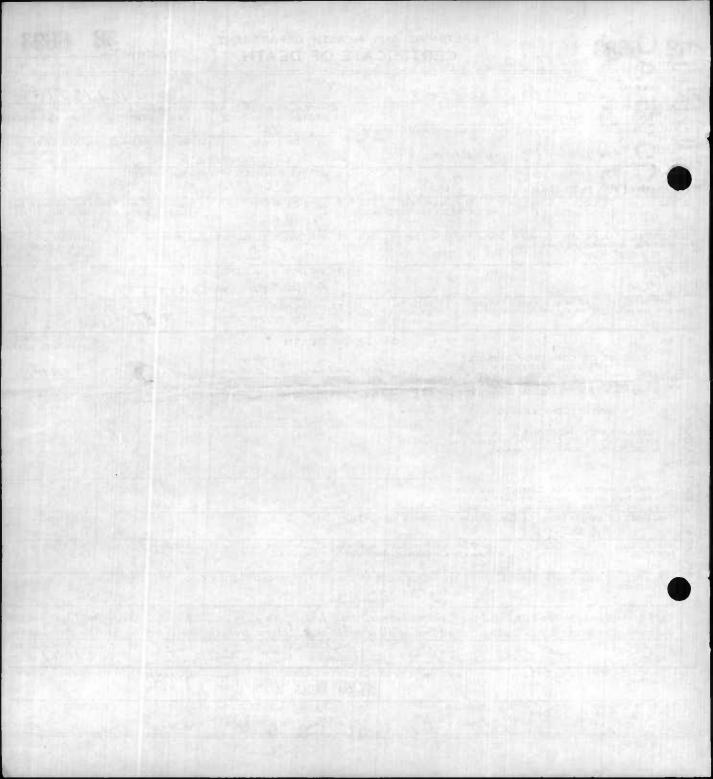
3	320		
	52 6691 BIRTH NO. 52-15633 BALTIMORE CITY HEALTH DEP. CERTIFICATE OF DE		2 6691
=	1. NAME OF DECEASED BARY (TIR) MEANANS	2. DATE OF	13" 1052
h_	A. Baltimore City, Maryland	ESIDENCE (Where deceased lived. A)	nstitution: residence before admission)
	S/FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR OF (If not in hospital or institution, give street address or location) C. CITY OR T	OWN (If potside corporate limits	
1		DDRES# (If gural, give location)	-18- township)
-	c. Length of stay in Baltimore Mos. Days A. SEX A. G. COLOR PR RACE 7. SINGLE, MARRIED. 8. DATE OF E	N. Oalvert Street	Under I Year If Under 24 Hours
0	Simale Hite WIDOWED, DIVORCED (Specify) Full !	1952 Sast birthday) Mor	ths Days Hours Min.
w	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	ACE (State or foreign country)	WHAT COUNTRY
	13 FATHER'S NAME	S M IDEN NAME	VV. (O. W.
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or ordinown) (If you, give war or dates of service) SECURITY NO. 17. INFORMA	NT AE	DRESS
-	JEGORITI NO.		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	51. D M	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(20	34/2 m
	ANTECEDENT CAUSES	ONSET of LABOR	**
1012	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) PREMATURE (B) PREMATURE (C) UN KNOWA	V	
A CIT	UNDERLYING CONDITION LAST. (C) UN KNOWA	J	
T. C.	OTHER SIGNIFICANT CONDITIONS CON-		
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
140	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHE	RE DID (If in Baltimore City, gi	YES NO Ve exact location)
1 6	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY C		
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW WHILE AT WORK AT WORK	DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 7 - 11,		
	deceased alive on 7-13, 1952 and that death occurred at 1:30 23A/SIGNATURE 23B. ADDRESS 240SP. Tall	for Women of Md.	23c. DATE SIGNED
-	24A. BURIAL, CREMAN 24B. DATE 26C. NAME OF CEMETERY OF CREMANT TION, REMOVAL (Specify)	PRINT 24P LOCATION OF TOWN,	or county) (State)
1	JOHN HUNTING MEDICAL S	MUNT JOL TO 1295	ADDRESS
	LOCAL REGISTRAR Huntington Williams, M. 25. FUNERAL	apar of Hostin	ADDRESS
=	VS 150	0.0-0	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY_ before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION # D. STREET ADDRESS (If rural, give location) Yrs. Mos. 200 Length of stay in Baltimore Days AGE (In years) If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 5. SEX last birthday) | Months; Days | Hours; Min. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME RANK 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ATElectasis LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Prema turity ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES V 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! AT WORK WORK 195 , 19 that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. . 19 and that death occurred at_ deceased alive on I 23C. DATE SIGNED 234 SIGNATURE 23B. ADDRESS M. D 240 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untryglow VS 150



19 2	52 5693 BALTIMORE CITY HE		2 6693			
-	ORTH NO. 32 - 15623 CERTIFICATI	E OF DEATH Registered No.				
	Type or Print) BABY BOY BARNES	2. DATE OF DEATH JUCY	1/3/902			
1	B. PLACE OF DEATH: / Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	titution: residence before admission)			
	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION / (A	C. CITY OR TOWN (If outside corporate limits, v	write RURAL and give			
	UNIVERSTY HOSPITAL	BACTIMORS /8-0 (township)				
	Length of stay in Baltimore DAY Mos. Days	D. STREET ADDRESS (If rural, give location) BJ UINE ST				
	6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Months Days Hours Min.				
wo	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) NFAMT 10B. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country) 12	WHAT COUNTRY?			
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
-	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	MILDRED BARNOS				
2	(If yes, give war or dates of service) SECURITY NO.	MOTHER 856 U	RESS NE ST			
RTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	intimo aldelas (?)	SOMINU			
CE	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about bome, farm, factory, street, office bldg., e		e exact location)			
	SID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
	22. I hereby certify that I attended the deceased from July 12, 182, to July 13, 1957 that I last saw the deceased alive on July 15, 1957, and that death occurred at 64 m., from the causes and on the date stated above.					
			2 / 3 / S			
T	4A. BURIÂL, CREMA- ON, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER WWR	STY MEDICAL SCHOOL JUL 17 1952, town, or	covinty) (State)			
	OCAL REGISTRAR JUL 201952 Turtington Williams, Mar	25. FUNERAL DIRECTOR	DDRESS			
	VS 150	4 4 6, 4				



52	6694
egistered No	COOX

CITY HEALTH DEPARTMENT BIRTH NO. 52-19480 CERTIFICATE OF DEATH NAME OF DECEASED (Type or Print) NAPIERALSKI OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION UNIVERS 149 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DALTIMURE D. STREET ADDRESS _(If rural, give location) Yrs. Mos. 2703 FAIT HOW ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGUE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | | | Under 24 | Hours | last birthday) | Months: Days | Hours | Min. 6 IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. MARY NAPIERALSICI Jamos CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 7 . 19 7 that I last saw the 19 5 , and that death occurred at 1/3 deceased alive on 7 m., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23C. DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR

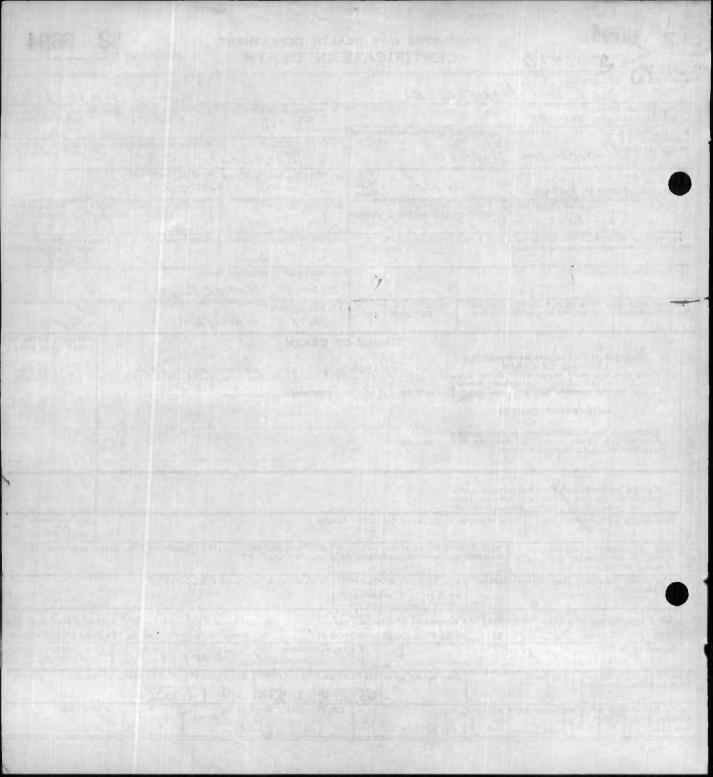
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

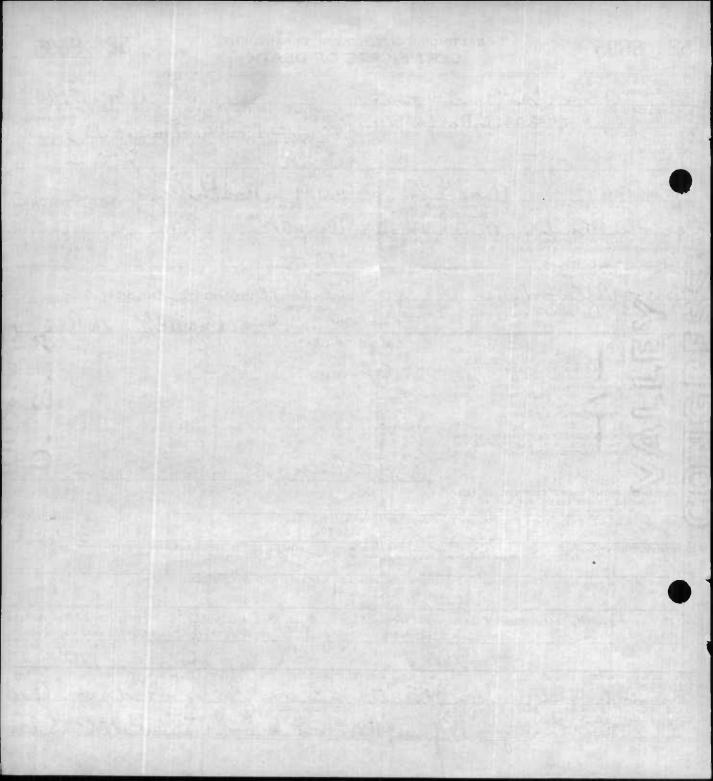
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 78 6695

BI	IRTH NO.						
	NAME OF DECE 'ype or Print)	liventa	R	gross		2. DATE OF DEATH	ly 174,952
	Baltimore City	н: , Maryland 2 O	31 E.n	onthe ave	4. USUAL RESIDEN	CE (Where deceased lived.	If distitution: residence before admission)
H	FULL NAME OF OSPITAL OR	(If not in hospita	al or institution	on, give street address or location	c. CITY OR TOWN	(If outside corporate lin	nits, write BoRAL and give
11/	ISTITUTION				Balto	5	-05 township)
G	Length of stay	in Baltimore	md.	Sile Yrs. Mos. Days	D. STREET ADDRESS	s (If rural, give location)	
		COLOR DR RACE	7. SHNOLE	MARKIED, ED, DIVORGED (Specify	8. DATE OF BIRTH	9. AGE (In years) last birthday)	II Under I Year If Under 24 Hours Months: Days Hours: Min.
4	emale 9	White		nned	Mar 312	37	
worl	k done during most of wor	1/	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAM				14. MOTHER'S MAID	EN NAME	ereta nese ta v
10	Lenry 9	Wood	in		Wilhels	nena Se	nau
15 (Ye	MAS DECEASED E	VER IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0.04	ADTRESS
					Mm J. Drs	ms 20318.76	nth Wo
Ţ.	18. 174%	1		CAUSE	OF DEATH		DNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						11/20035.
	heart failure,	t mean the mode o asthenia, etc. It mea	ns the disease	e,	o o o o o o o o o o o o o o o o o o o		
	injury or complication which caused death.) DUE TO						
7	ANTECEDENT CAUSES						
O	DISEASES OR CONDITIONS, IF ANY, GIVING						
AT		RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.					
FIC				in luct	as Lasres in	to Blodder +	rielin
RTI	OTHER SICE	II NIFICANT CONDI	TIONS CON				<u> </u>
ш	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	d.			
U		PERATION ()		FINDINGS OF OPE	RATION		20. AUTOPSY?
AL	11/2 -21	rago	Car	enonce.	Uterus		YES ND
EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
Σ	ID. TIME (Mon	nth) (Day) (Year)	(Hour) 2	1E. INJURY OCCURF	RED 21F, HOW DID I	NJURY OCCUR?	
4	FINJURY		m.	WORK NOT WHILE			
	22. I hereby certify that I attended the deceased from Oct 10, 1951, to July , 1952, that I last saw the						
	deceased alive		<u>, 1952</u> . c	and that death occu		rom the dguses and on	the date stated above.
	23a. SIGNATUR	lac	of F	ished M.D.	3422 /	Belair Rd.	7/21 52
	4A. BURIAL, CRE ON, REMOVAL (Speci		, b	4c. NAME OF CEMET		240. LOCATION (City, tov	vn, or county) (State)
	ATE RECEIVED B		S SIGNATU	RE	25. FUNERAL DIREC	CTOR	ADDRESS
L	JUL 2019	52 Huntin	aton /	Villiams Mis	Leas les	Poh 1763 h. P.	etto Park ave
	VS 150		0 1	13 5 think			



BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICAT	E OF DEATH	registereu	110
1. (T	NAME OF D	hmedes, Adam	Bernard			2. DATE OF DEATH	-18-52
3. A. B.	PLACE OF D	EATH: City, Maryland OF (If not in hospit	Baltimor al or institution	e, Md. on, give street address or location)	C. CITY OR TOWN	(Where deceased lived, and B. COUNTY	before admission)
Saint Joseph Hospital				ital Yrs.	Baltimore D. STREET ADDRESS	8-	O 5 township)
		tay in Baltimore	Lif	2.0		ley Avenue	
	Male	6. COLOR OR RACE	WIDOW	MARRIED, ED DIVORCED (Specify) FIEd	8. DATE OF BIRTH Oct.13,1886	9. AGE (In years last birthday)	Months Days Hours Min.
worl	Foremai	CUPATION (Give kind of A working)		of Business or INDUSTRY al Casket Co.	Baltimore 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY!
13	Bernard	Schmedes			14. MOTHER'S MAIDEN	NAME	1
15 (Ye	No No DECEASI	ED EVER IN U. S. ARMEI (If you, give war or date NODE	s of service)	16. SOCIAL SECURITY NO. 213-05-1777	17. INFORMANT Mrs. Mary A.S	chmedes-1742	ADDRESS Darley Avenue
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) COronary Occlusion (A) (B) Hypertension (Ildropathic) (B) COTONARY Occlusion (A) (A) (DUE TO DUE TO (B)						
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lobar pneumonia, Left lower & Middle						
L	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
EDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in rm, fectory, at reet, office bldg., a		(If in Baltimore City,	
N	21b. TIME (Month) (Day) (Year)	wi	IE. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	22. I hereby	y certify that I att		leceased from 7	- 18-2:05, 1952, to red at 4:25pm., from	7-18- 4:2519	that I last saw the
	23A. SIGNAT	TURE	2/1000.0	2	3B. ADDRESS		23C. DATE SIGNED
DA	AA. BURIA. CON. REMOVAL (S Burial	BY REGISTRAR	1952	New Cathedral	25. FUNERAL DIRECTO	mondson Ave., l	Balto:Md.
LC	HI 201	152 Hunt	ington	Withaus, My	George J.Ruth,	Inc1735 Har	ford Avenue
	Vs 450	MAG	0	523	32		

MODEL, DI. 300 Man Man Town to the same . Proceedings, and ingriscounts and analysis of the second second and the second secon Some assertion at the Land

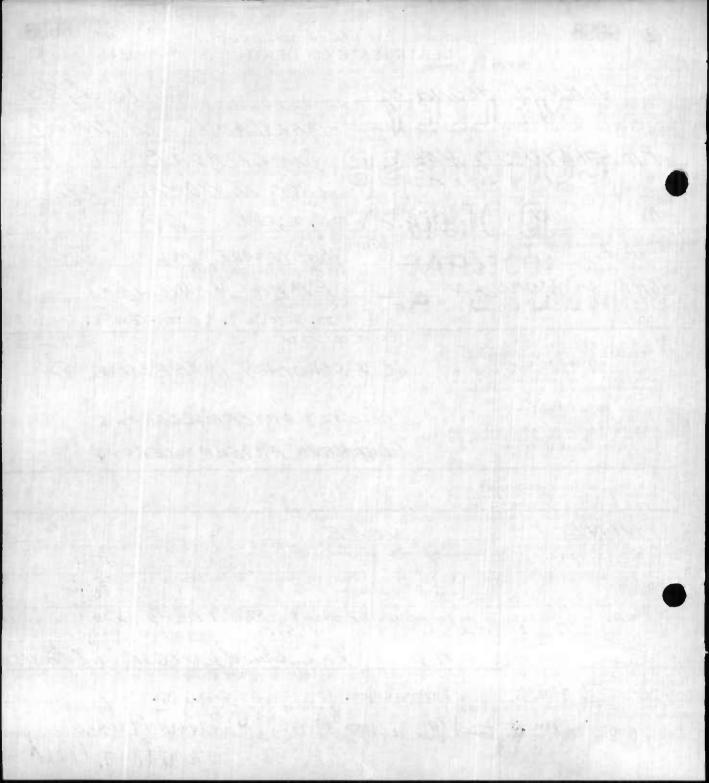
BALTIMORE CITY HEALTH DEPARTMENT

52 6697

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Harry Lewis Trbe July 18 DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Raltimore, Md. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) S. PHS Hospital Bal timore D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore Days 903 W. Coldspring Lane 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. Apr 26, 1888 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman Coffee Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Henry Erbe Nannie Perkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown) (If yes, give was or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. IInknown. Records. US PUS Hospital Raltimore Md 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Myocardial infarction, recent 1 week (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerosis, general Undet. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., lo pr 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WORK AT WORK 22. I hereby certify that I attended the deceased from June 9 19 52 to July 18 , 1952 that I last saw the 1952, and that death occurred at 7:15" m., from the causes and on the date stated above. deceased alive on July 18 23A. SIGNATURE +23B. ADDRESS 23c. DATE SIGNED US PHS Hospital M. D. Wyman Park Drive & 31st St. July 19.1952 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) Burial Loudon Park Cem. Balto., Md. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR MERILLA

BALTIMORE CITY HEALTH DEPARTMENT

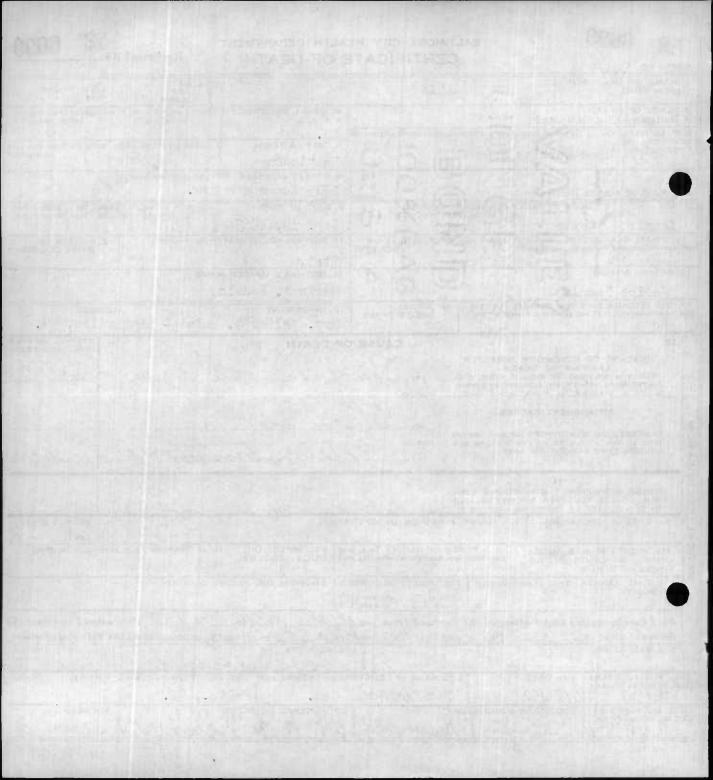
_		CERTIFICAT	E OF DEATH	Registered No	
=	IRTH NO.				
	Type or Print)	NOONAN		2. DATE OF DEATH /70	ly 52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V		
В.		ital or institution, give street address or location)	MARYLANI	BALI	before admission
11	FRANKLIN	SO HOSP.	BALTIN	outside corporate limits,	2-0 township
	ength of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	C T
5	SEX 6. COLOR OR RACE	Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH	MAKD	3/.
	MW	WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH Mar. 21, 1884		hs Days Hours Min.
1 (A. USUAL OCCUPATION (Give kind o	INDUCTOR	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF
	Foreman	City Park	BALTIMORE	mo.	WHAT COUNTRY
	JOHN V. NOO	NAXI	FMMA M	C WILLIAM	6
15	. WAS DECEASED EVER IN U. S. ARME , no or unknown) (If yes, give war or dat		17. INFORMANT		DRESS
-	s, no or unknown) (If yes, give war or dat	SECURITY NO.	Mrs. Novella T. 1		
	18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA				
	(This does not mean the mode	of dying, e.g., AVALUIF	CORONARY /	IFARCTION	5 pro
	heart failure, asthenia, etc. It med injury or complication which	ans the disease			
	ANTECEDENT CAU	SES			
Z		(B) CORON	MARY ARTERIO	DSCLEROSIS	
TION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A)	F ANY, GIVING			
4	UNDERLYING CONDITION L	AST. (C) GENER	ALIZED ARTER.	DSCLEROSI	S
FIC					••••••••••
RTIFIC	OTHER SIGNIFICANT COND	ITIONS CON			
Ш	TRIBUTING TO THE OEATH, BUT	NOT RELATED			
U	19A. DATE OF OPERATION		RATION		20, AUTOPSY?
AL	NONE	NOW	F		YES 4 NO
EDICAL	21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g., i	n or 21c. WHERE DID (I	f in Baltimore City, giv	
MEL	LYING OR CONTRIBUTING CAUSE OF DEATH		etc.) INJURY OCCUR?		
	21D. TIME (Month) (Day) (Year			OCCUR?	
L		m. WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I at	tended the deceased from /2	NOCY 1952/10 /	70 mly, 1952	that I last saw th
	deceased alive on 17 Je 4	, 1952 and that death occur	rred at 9,59 Pm. from to	he causes and on the	date stated above
	23A. SIGNATURE		3B. ADDRESS		auto otatou wood
	dear Mr. O	vare M.D. M.D.	Franklin 09	. 140SP	
2					8 ducy 5
	A. BURIAL, CREMA- 248. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 246. L	OCATION (City, town, or	8 ducy 5
	ON, REMOVAL (Specify)				8 ducy 5
	Burial 7/21/52 ATE RECEIVED BY REGISTRAR	24c. NAME OF CEMETE Parkwood Cem. 'S SIGNATURE		to. Mel	8 ducy 5
	Burial 7/21/52	Parkwood Cem	Balt	to. Mel	8 OUCY 5 county) (State)
	Burial 7/21/52 ATE RECEIVED BY REGISTRAR	Parkwood Cem	Balt	to. Mel	8 OUCY 5 county) (State)
	Burial 7/21/52 ATE RECEIVED BY REGISTRAR	Parkwood Cem	Balt	to. Mel	SOUCY'S county) (State)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6699

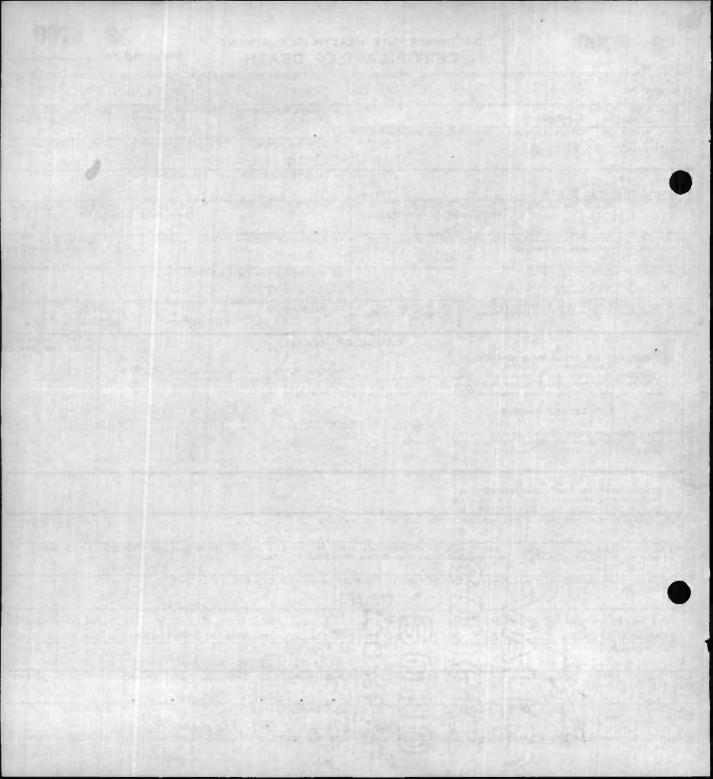
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) THERESA IULA July 18, 1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Hood Nursing Home township) Raltimore Yrs. D. STREET ADDRESS (If rural, give location 5313 Edmondson Ave. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Feb. 10, 1865 female white widowed 10A. USUAL OCCUPATION (Give kied of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria A. Padula Felice Padula 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uoknowo) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Felice S. Iula - Kingsville, Md. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) BUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DHE-TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ы ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 8. 19 Lithat I last saw the 22. I hereby certify that I attended the deceased from. Am., from the causes and on the date stated above. , 195 , and that death occurred at 3 deceased alive on 7/18 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) New Cathedral Cem. /Burial Balto. Md. DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS VS 150



BALTIMORE CITY HEALTH DEPARTMENT

52 6700

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered	NO.	
	NAME OF D ype or Print)	ECEASED	FRAN	IK HOCKADAY		2. DATE OF Jul	y 18, 1952	
Α.	PLACE OF D Baltimore (City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (f institution : residence before admissi	
H	OSPITAL OR	Lill Roseb		location)		f outside corporate limi	ts, write RURAL and towns	
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)		
	male	6.COLOR OR RACE	widow	MARRIED. ED, DIVORCED (Specify)	Nov. 18. 1885	9. AGE (In years last birthday) M	f Under 1 Year H Under 24 H onths Days Hours M	
10 work	Machini	CUPATION (Give kind of of working life, even if retired) ST	Indus	of Business or trial Belt Mf	11. BIRTHPLACE (State or f Maryland	oreign country)	12. CITIZEN OF WHAT COUNT	RY1
13	Daniel:	NAME Hockaday		leather	14. MOTHER'S MAIDEN N Agnes Turcan	AME		
15 (Ye	. WAS DECEAS , no or unknown) NO	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Helen Hock	caday - 441 F	ADDRESS losebank Ave.	
ERTIFICATION	heart failt injury or DISEASE: RISE TO T UNDERL'	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, HE HE ABOVE CAUSE (A) YING CONDITION LA III GIGNIFICANT CONDITION TO THE DEATH, BUT	of dying, e. g ns the diseas- aused death ses FANY, GIVIN STATING TH ST. TIONS CON	(B) (C) (C)	my arlar	ilom	1000	
U.	TO THE D	ISEASE OR CONDITION	CAUSING 1		ATION		20. AUTOPSY	?
MEDICAL	CAUSE OF	PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., li arm, factory, street, office bldg., e	(c.) INJURY OCCUR?	If in Baltimore City, Y OCCUR?	give exact location)	
	22. I hereb deccased a 23A. SIGNA		ended the	and that death occur	1952, to	the causes and on the	that I last saw the date stated abo	ove.
TIC	Burial (S	7/21/52		Govans Presi	by. Ch. Cem.	Balto, Md,		te)
D.	TE RECEIVE DCAL REGIST	RAR REGISTRAR	S SIGNATU	Higus MZ	25 FUNERAL DIRECTOR	ener Isa	ADDRESS	
	VS 150	January	1	54	14X V	Gatto	17 ma	

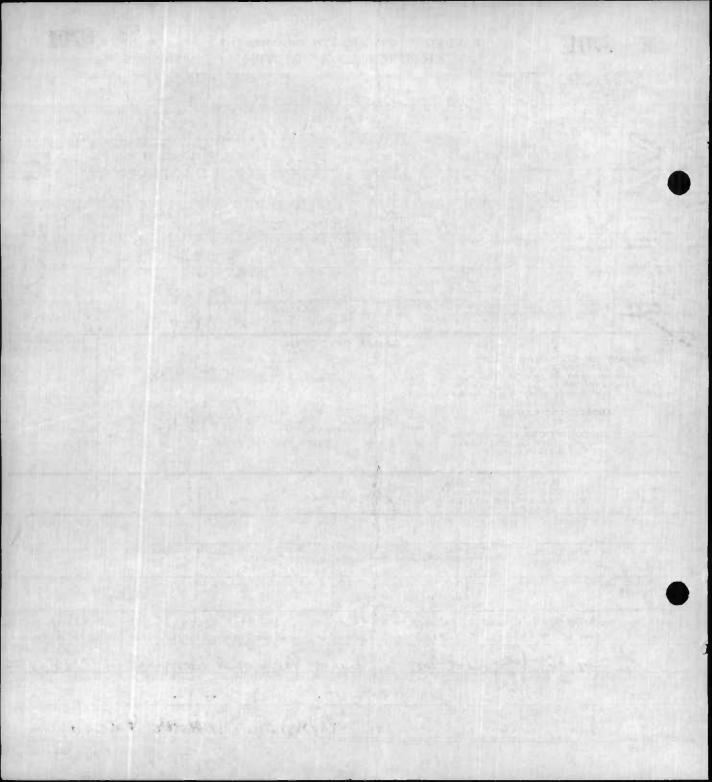


52 6701

BALTIMORE CITY HEALTH DEPARTMENT

52 6701

В	IRTH NO.	E OF DEATH
	NAME OF DECEASED 'ype or Print) FANNIE BOYER NEEPIE	R 2. DATE OF 7/18/52
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HI	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR ISTITUTION Winon Memorial Hosp.)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE - 11 13 - O (ownship)
7	O·A- Yrs.	o. STREET ADDRESS (If rural, give location)
0	Length of stay in Baltimore affeline Mos. Days	835 WELLINGTON STRFFI
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH NOV. 28, 1875 9. AGE (in years II Under 1 Year In Under 24 Hours Min. Months Days Hours Min. 76
1 C	A. USUAL OCCUPATION (Glvekiodof k done during most of working life, even if retired) NONE INDUSTRY	MARYLAND 12. CITIZEN OF WHAT COUNTRYS
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	REV. WILLIAM J. NEEPIER	ANNIE BOYER
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	HARRY W. NEEPIER 3401 DUVALL AVE-BALT-16
	700	OF DEATH INTERVAL BETWEEN ONSET AND OBEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	siretore foilers -
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	miss Corati Acet Aisan
NO.	DISEASES OR CONDITIONS, IF ANY, GIVING	2 4 C 1 4 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1
CATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
L	11	
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	ama, bronditie
AL	19a. DATE OF OPERATION 0 19b. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or 21C. WHERE DID (If in Baltimore City, give exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
L	TINJURY MHILE AT NOT WHILE MORK AT WORK	
	22. I hereby certify that I attended the deceased from JV	LY 1, 1952 to UVLY 18, 1952, that I last saw the
H		red at 8:55Pm., from the causes and on the date stated above.
	Dorgia leynolds M.O. U	Luca Memorial Hospital 7/18/52
24 TI	Burial 268. DATE 24c. NAME OF CEMETER 24c. NAME OF	
LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE DOCAL REGISTRAR 11 2 0 1952 Huntington Walleduay Me?	25. FUNERAL DIRECTOR CONTROL ADDRESS
	VS 150	Balto 17 md

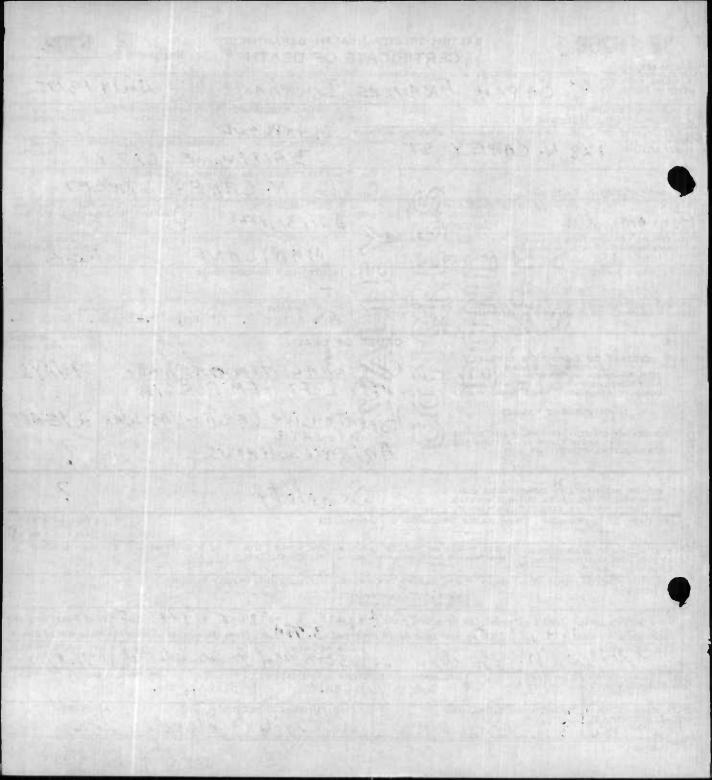


-650 52 6702

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 5702

BI	RIH NO.	
1. (T	NAME OF DECEASED SARAH FRANCES	1 - 2////
A,	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY & before admission
	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv
	STITUTION 123 N. CAREY ST	BALTIMORE CITY township
7	Yrs.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Mos.	123 N. CAREY STREET
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months Days Hours Min.
1-	emak white widowed	Duly 3/1/800 85
work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired) 1NDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Housewife at home	MARYLAND W.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Theodore Larrimore	••
(Yes	(If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO.	Mr. James E. Durham, Jr123 N. Carey St
	no no no no	
	18. 442X CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1 1 11
	(This does not mean the mode of dying, e.g.,	break Hemmorphage 9days
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	LEFT HEMIPLEGIA
7	(B) THE	etensive CARdio-VASCULAR 2 YEARS
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	isease
AT	UNDERLYING CONDITION LAST.	epiosclerosis /
O	(C)kfhfk	
TIF	II C	1 4
CERTI	OTHER SIGNIFICANT CONDITIONS CON-	enility?
Ü	TO THE DISEASE OR CONDITION CAUSING IT.	
۲	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
CAL	214 ACCIDENT WAS LINDED 218, PLACE OF INJURY (e. g., in	
MEDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., c CAUSE OF DEATH	
7	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
A	m. WHILE AT NOT WHILE AT WORK	
8	22. I hereby certify that I attended the deceased from Aug.	9 ust 3 1950, to July 19, 1952, that I last saw th
	deceased alive on July 18 1952 and that death occur	rred a. 50 m., from the causes and on the date stated abov
	23A. SIGNATURE 2	23B. ADDRESS 23C. DATE SIGNED
	Melery M. Brecen M.D.	5000 Old Frederick Rel 7/19/52
2		RY OR CREMATORY 24d. LOCATION (City, town, or county) (State
111	on REMOVAL (Specify) 7/21/52 Cedar Hill	Cem. Balto., Md.
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR O APDRESS
L	OCAL REGISTRADO H + + + WH: WAS MA	William & Miseir & Sms
=	Ve 150	
	VS 150	balto 17 ma.

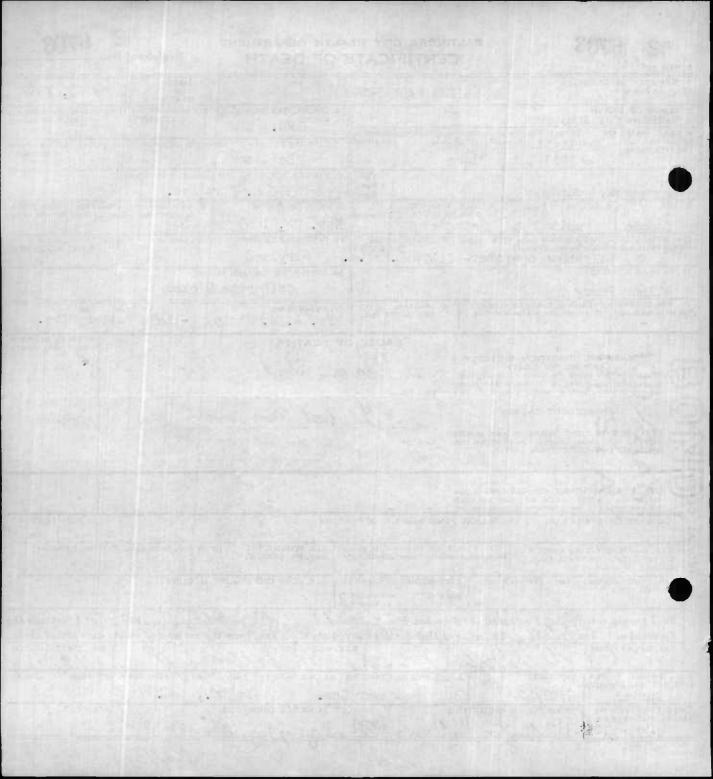


52 6703

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6703
Registered No.

BI	RTH NO.						
(T	NAME OF D 'ype or Print)		HE	LENA MARY BERF		DEATH	July 18, 1952
Α.		City, Maryland	-1		4. USUAL RESIDENCE (Where deceased lived, I	f institution : residence before admission)
H	FULL NAME OSPITAL OR	Twilight Na		ion, give street address or location)		If outside corporate lim	its, write RURAL and give
IN	ISTITUTION	1913 Eu			Baltimore	E	1-03 township)
7				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
C.	Length of s	tay in Baltimore		Mos. Days	300 E. Fo	rt Ave.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. /ED_DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours
	female	white	Si	ngle	Nov. 24, 1883	68	
10 worl	A. USUAL OC k done during most o	CUPATION (Give kind of f working life, even if retired) telephone ope		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN	NAME	
	Wilmer	Berry			Catherine	Dickel	
15 (Ye	. WAS DECEASE , no or nnknown)	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. A. M. Caul		ADDRESS attery Ave.
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) TING CONDITION LA	TH of dying, e. 1 ns the diseas caused death SES F ANY, GIVIN STATING TH ST.	(B)	mi Ardren hard Avera	dehs no	/mo·
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D			
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA			1		Late Williams Dia	/76 to Po-10's and O's	YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., l farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
7	ID. TIME	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		RY OCCUR?	
h			m.	WHILE AT NOT WHILE		7	
	22. I hereb	y certify hat I att	tended the	dcceased from	ne 19 , 1952, to	ules 18, 196	that I last saw the
	deceased al	ive on fly		and that death occur	rred at 1.45 m, from	the causes and on	the date stated above.
	23A. SIGNAT	TURE //)//	Mel	W M.D.	23B. ADDRESS Kills.	m dt	23c. DATE SIGNED
24	4A. BURIAL, (ON, REMOVAL (S	REMA- pecify)		24c. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, town	n, or county) (State)
	Burial	7/21/52		Holy Redeemer			
L	ATE RECEIVED	RAR	S SIGNATI	VHI ALLAN MEZ	25 FUNERAL DIRECTOR	lever V x	ADDRESS
=	VS 150	July I market	7	Seed diese City	0 5 7/0 0	12-01	15 MM1
			Ra.	() 1	75	(1) (1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) GREENWAL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) D. STREET ADDRESS Mog evenda ength of stay in Baltimore Davs AGE (in lears | H Under | Year | H Under 24 Hours last birth ay) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED. 5. SEX WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give bind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if petired) INDUSTRY usuce Housellon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 NFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 99.0 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

YES 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21c. WHERE DID

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) F INJURY

NOT WHILE WHILE AT

WORK AT WORK

19 4 that I last saw the , 19 5 and that death occurred at 10 m., from the causes and on the date stated above.

22. I hereby certify that I attended the deceased from. deceased alive on

20-V

23A. SIGNATUR

23B. ADDRESS

23c. DATE SIGNED

24 BURIAL, CREMA-24B. DATE

14c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (ity, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

almalon

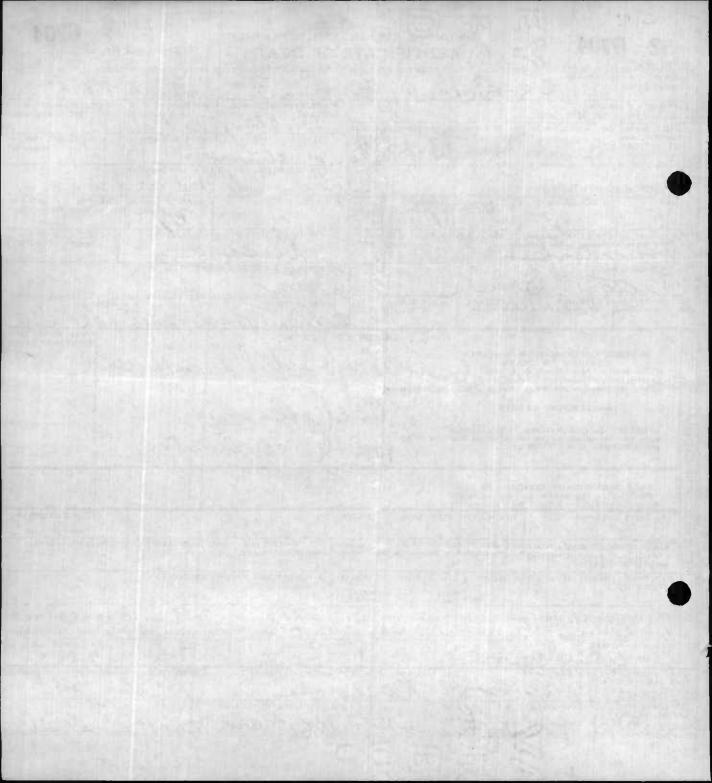
20. AUTOPSY

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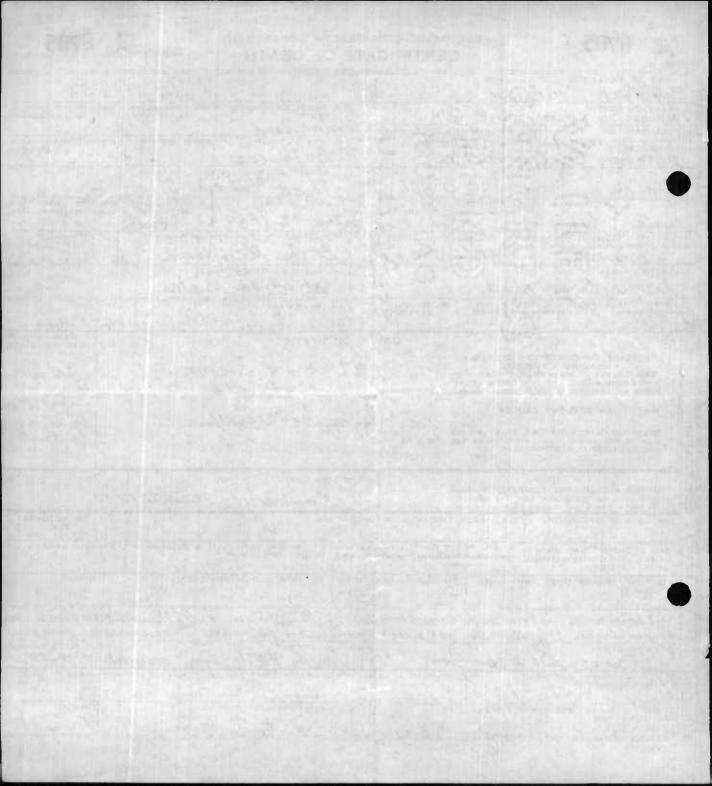
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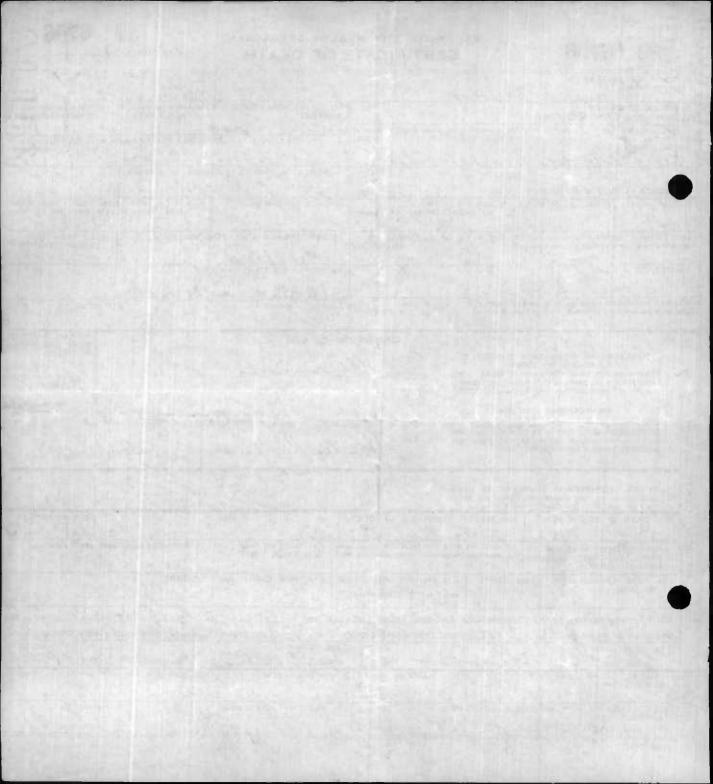
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	52	6705			TIMORE CITY H			Regis	stered No.	6705
	RTH NO.	E D-0510						la same		
	ype or Pri	F DECEAS	MITTI	AM				2. DATE OF DEATH	7-18	
A.	Baltimo	re City, M		S.B.C		A. STATE	SIDENCE (V	Where deceased B. COL		itution: residence before admission)
HC	SPITAL STITUTION	OR 19	3 Light Reversi		on, give street address of location location	C. CITY OR TO	NOCE HOLD	outside corpo	rate limits, w	rite RURAL and give township)
			Baltimore	6.	3 yrs. Hon	D. STREET AD	141	rural, give loc		
5.	llale	a	OR OR RACE	7. SINGLE WIDOWI	ED, DIVORCED (Specify	July 19,	/889	62 63	Month	s Days Hours Min.
rork	Sa	les ma	ION (Give kind of life, even if retired)	Allen	OF BUSINESS OR INDUSTRY	Ba (4.	Many	land	12	WHAT COUNTRY!
13	Ber	r's name nard	Aym	old "	on feethours (Mila Mother's	red A	Kates		
	. WAS DE		IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMAN	NT ,		ADD	RESS
U	L LUA	nown) (II y	s, give war or dates	Ot service)	SECURITY NO.	Sarah	Aum	ald (w	Je)1201	9 William St
	18.	200			CALISE	OF DEATH			707. 4	INTERVAL BETWEEN
	0	20011	CONDITION	DIRECTIV	Z) DEATH			W. Talking	ONSET AND DEATH
		LEAD	ING TO DEAT	H	72	Lacongn	V.Tu	Carl		30 /10
			ean the mode of enia, etc. It mean				1	fully		Dues 6 of
	injur	y or compli	cation which c	aused death.	OUE TO	reo, plass	HO) U			ander of
		ANTE	EDENT CAUS	ES	,	6. 0	0			alparoten
z					(B)	mpros	gream	2		Leading
ATION	RISE	TO THE ABO	ONDITIONS, IF VE CAUSE (A) ONDITION LA	STATING TH		V				to death.
읪										
ERTI	TRIB	JTING TO TH	CANT CONDI	NOT RELATE	D	Pheumo	rictis.	secmo	tan	
U		TE OF OPE	PATION 1		FINDINGS OF OPE					20. AUTOPSY?
7	104. 27		V							YES NO
EDICAL	LYING		AS UNDER-		CE OF INJURY (e. g., arm, factory, street, office bldg			lf in Baltimo	re City, give	exact location)
Σ			(Day) (Year)	(Hour) 2	TE. INJURY OCCUR	RED 21F. HOW	DID INJUR	Y OCCUR?		
	F INJ	URY		m.	WORK NOT WHILE					
	22. I h	ereby cert	ify that I att	ended the	deceased from	uly 18	1957, to .	July 18	3 , 195 Yt	that I last saw th
		ed alive on	July 18	, 1950	and that death occu	rred at 50	Om., from	the causes a	and on the	date stated above
		GNATURE	VA	, (23B, ADDRESS	0	0 1/	: 13	23c. DATE SIGNED
	de	court	Doce	4000	M. D.	Jouth J	acito.	Tea /k	No. hol	7-18-52
21	H. LEMON	AL, CREMA-	24B. DATE	52	24C NAME OF CEMET	ERY OR CREMAT	ORY 240.1	DCATION (C	the a	county) (State)
D		EIVED BY	REGISTRAR	SSIGNATU	RE	25. FUNERAL	DIRECTOR	00	, A	DDRESS



BALTIMORE CITY HEALTH DEPARTMENT

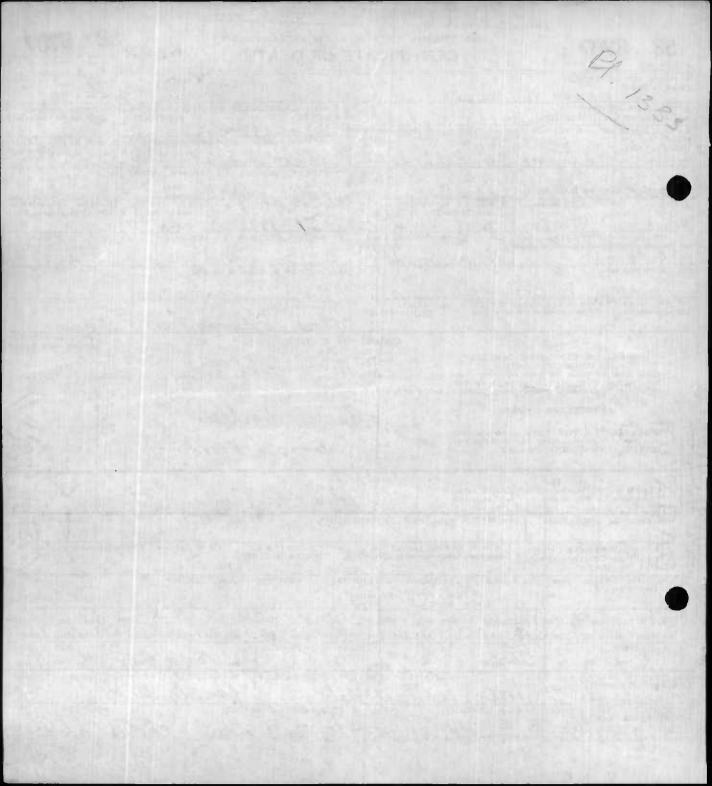
52 6706

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF HENRY N. Bahlman DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore South D. STREET ADDRESS (If rural, give location) Yrs. Mos. 501 E. Fort Avenue ength of stay in Baltimore Days 9. AGE (In years | Notes | Not 7. SINGLE, MARRIED, 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF 10B. KIND OF BUSINESS OR work doneduring most of working life, even if retired) WHAT COUNTRY? INDUSTRY MARVIANG 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 4% CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? ACO DENT WAS UNDER-(If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LUNG OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT WORK Kene 27, 1954 to 17, 19 52 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on July 17, 1952, and that death occurred at 11.55 Am., from the duses and on the date stated above. 23A. SIGNATURE HON, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town or county) 24B. DATE urial ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR RÉGISTRAR'S SIGNATURE LOCAL REGISTRAR

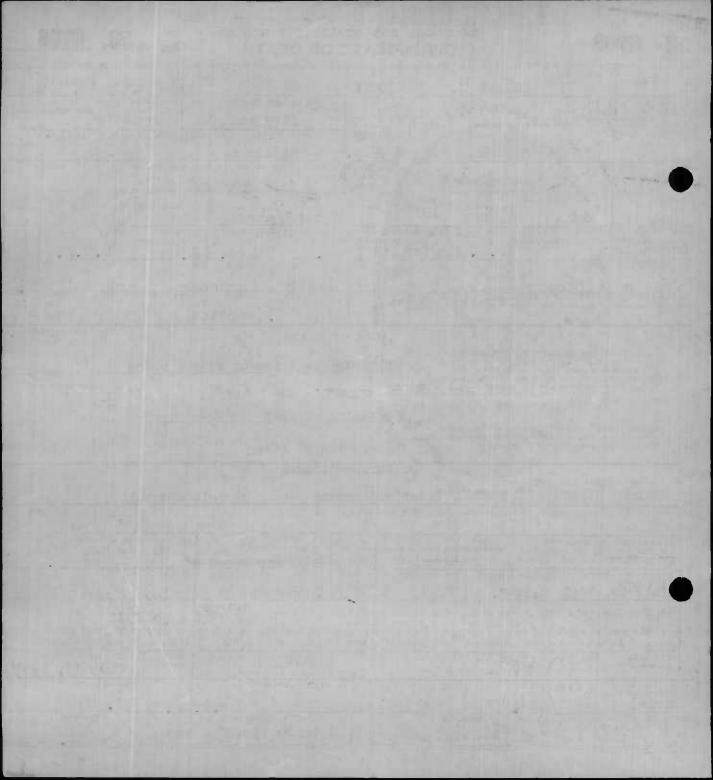


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Henry M. Cooper -1-8--52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF N) ary lanc HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Ba altimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (in years | M Under | Year | M Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DWORCED (Specify) Male White Sep. Manned
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Retired alto. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Geonge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Heat J.troko LEADING TO DEATH
(This does not mean the mode of dying, e, g,, (A) ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Deabetic Acidosis ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING Corrhesis, Lwer (?) RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-Atoloctasis. lung. rall TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTØPSY DICAL 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE m. WORK 22. I hereby certify that I attended the deceased from July 16 1952, to July 19 Sthat I last saw the deceased alive on July 1952, and that death occurred at 12 20 n., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE Dochoco Dalto ta cruto 24A. BURIAL CREMA-244 NAME OF CEMETERY OF CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE ari 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR



6708 Registered No-06 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) July 17, GEORGE ZAPO TOCKY J. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City. Maryland Baltimore A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Hosp Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. ength of stay in Baltimore 5312 Brookwood Road Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years | H Under | Year | If Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) I/26/I907 white married male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Ordinance Inspector Balto. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Zapotocky Antonia Kopaceke 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Agnes K. Zapotocky 5312 Brookwood INTERVAL DESCEEN and CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple fractures of ribs & spine (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) P | 0 0 200 | 0 0 100 ANTECEDENT CAUSES (a) Contusion of lung FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Laceration of liver D. Hemoperitoneum 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Delerium tremens due to chronic alcoholism CE 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES X 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? outh Baltimore General UTING L CAUSE OF DEATH. home home ta 5312 Brookwood Rd. 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED July 17, WHILE AT 1952 1:10 P. Jumped out of 3rd floor window AT WORK autopsy 22. I certify that I took charge of the remains described above, held an _ thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [] homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER.... 23A. SIGNATURE 23c. DATE SIGNED July 18. MEDICAL INVESTIGATOR 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248- DATE Burial Cross Hol DATE RECEIVED BY SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Flynn & Freming I426 151 809.0



52 6709 BALTIMORE CITY HE CERTIFICATI		X 52 Registered No.
1. NAME OF DECEASED (Type or Print) Sunche Fehle 3. PLACE OF DEATH:	4. USUAL RESIDENCE (V	2. DATE OF DEATH July 1
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	A. STATE My	B. COUNTY be
JOHNS HOPKINS HOSPITAL Yrs.	Fullenty	rural give location)

1952 residence ore admission) JRAL and give township) c. sength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. dunes 10A, USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? messeurho 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DISEASED EVER IN U.S. MANDED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg..etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH

21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

O. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE WORK

1952 to 1952, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on. 1952 m., from the causes and on the date stated above. and that death occurred at.

23A. SIGNATURE 238. ADDRESS 23c./DATE SIGNED

JOHNS HOPKINS HOSPITA

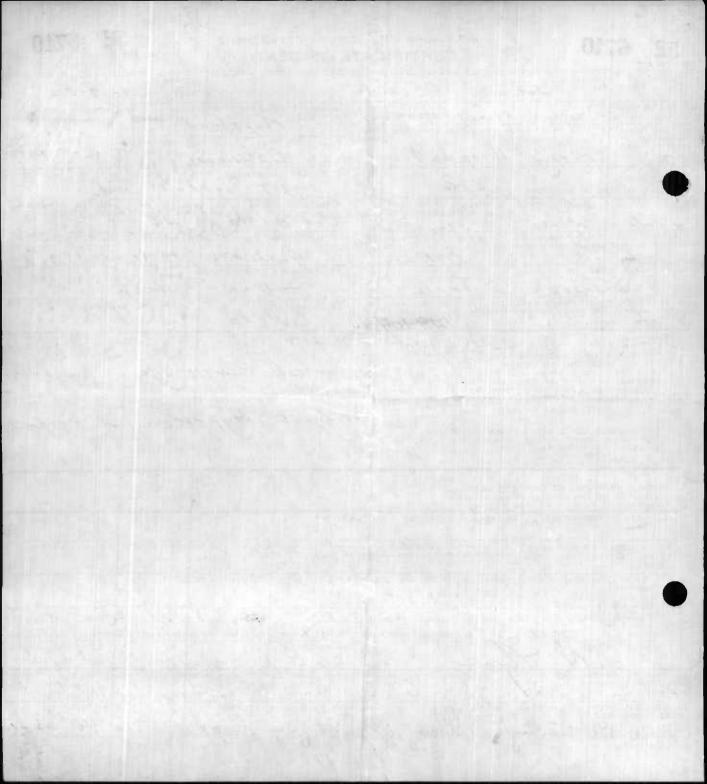
BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATOR TION, REMOVAL (Specify)

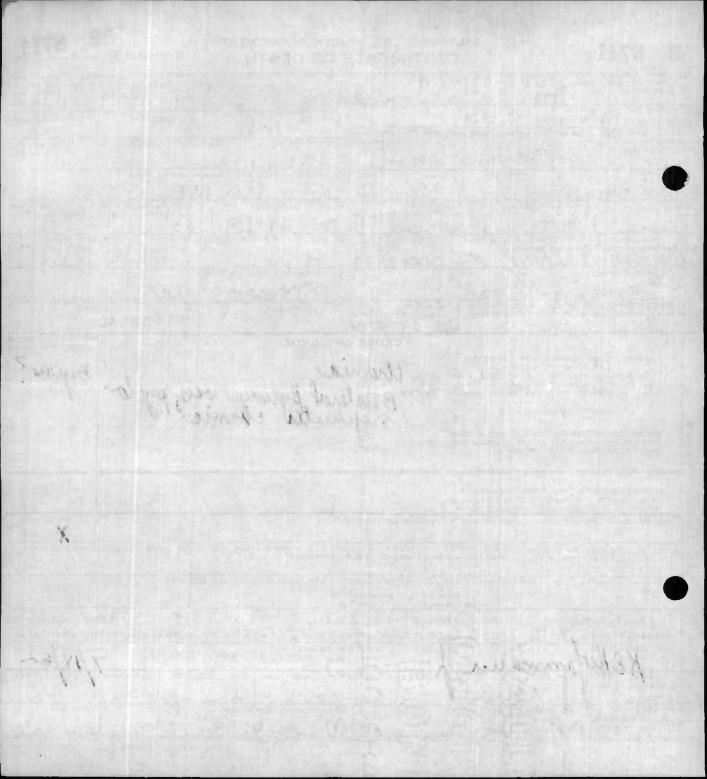
DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

LOCAL REGISTRAR

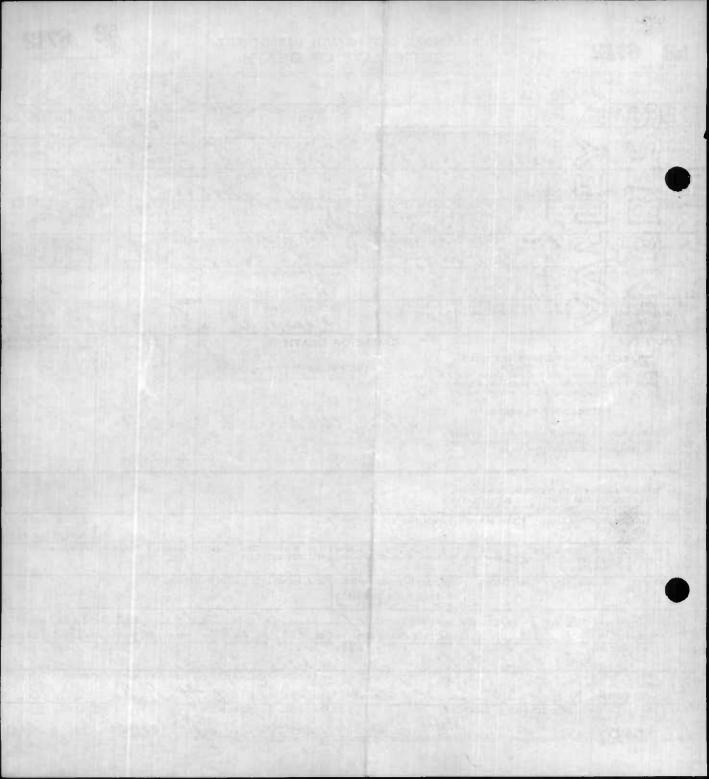
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В	52 6'	710		EALTH DEPARTMENT E OF DEATH	52 Registered No.	6710
	NAME OF D	DECEASED Jak	in S. O. Taale		2. DATE OF DEATH	7-5-3
A. B.	FULL NAME	City, Maryland	Merc. Stospida /		here deceased lived. If ins	before admission
HE	OSPITAL OR ISTITUTION	Mercy	Hospida S	Bastimo	outside corporate limits, v	vrite RURAL and giv township
-		tay in Baltimore	Mos. Days	D. STREET ADDRESS (If r	rthill Red	
	Mak	6. COLOR DR RACE	WIDOWED, DIVORCED (Specify)	Oct. 81905	9. AGE (In years lift line last birthday) Month	hs Days Hours Min.
work	done during most	of working life, even if retired	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		2. CITIZEN OF WHAT COUNTRY
		Juseph	O'Toole	Balfimor 14. MOTHER'S MAIDEN NA Selena	1 4V2 C12	
(Ye	, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dat	SECURITY NO.	17. INFORMANT Wifa	ADD	RESS
	(This does heart failu	SE OR CONDITION LEADING TO DEA not mean the mode ire, asthenia, etc. It me complication which	of dying, e.g., (A) ans the disease, caused death.) DUE TO	Combral Hemo		
ERTIFICATION	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L	STATING THE DUE TO	lignant Hyp	LECCASION	372-11
CERT	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NDT RELATED			
	19A. DATE C	OF OPERATION	19в. MAJOR FINDINGS OF OPER	RATION		YES NO
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give	exact location)
	21D. TIME INJURY	(Month) (Day) (Year	') (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
		live on 7-17	tended the deceased from 7, 19 5 2, and that death occur		e causes and on the	that I last saw th date stated above 23G, DATE SIGNED
	BURIAL (S BURIAL)	Specify)	21-1950 New Cathedro	RY DR CREMATORY 24D. LO	Old Frederice &	Pol Barry
	TE RECEIVE CAL REGIST		ton Williams, MP	Thomas J. Keny	y./Ne./600	Hollins Si
	VS 150		390	91		





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52 6712	CERTIFICATE	ALTH DEPARTMENT E OF DEATH	Registered N	2 6712
1. NAME OF DECEASED (Type or Print) MVRTLP SP	NIFF		2. DATE OF DEATH 7/19	1/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit	cution, give street address or	4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	p before admission
HOSPITAL OR INSTITUTION /) A/11/PPO1/TI	location)	C. CITY OR TOWN (If	outside corporate limits	write RURAL and give township
O WITTERS	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	PJ
	Days Da	8. DATE OF BIRTH	9. AGE (In years III) last birthday) Mon	Inder 1 Year II Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	WHAT COUNTRY
Micholas FOREHAN		Mancy	7	5,
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT SUSSELL	Senill 4	319 Barnota
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. UL	e.g., (A) AG Pase, ath.) DUE TO	ONARY CA	RC/Nom2	
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
19a. DATE OF OPERATION 19B. MAJO	PR FINDINGS OF OPER			20. AUTOPSY?
	LACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		f in Baltimore City, g	ve exact location)
FINJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	Y OCCUR?	
22. I hereby certify that I attended the	ie deceased from 7/2 and that death occur	, 1953, to	he causes and on th	that I last saw the
23A. SIGNATURE Michael C. 7		3B. ADDRESS	rsp.	23c. DATE SIGNED
244. BURIAL, CREMA- TION, REMOVAL (Specify)		Genty. 241.L	OPATION (City, town,	or county (State)
DATE RECEIVED BY REGISTRAR'S SIGNATIONAL REGISTRAR	NHIAMA MES	25 FUNERAL DIRECTOR	the work	Amore dos
VS 150		0/		au



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CERTIFICATE CORRECTED ____

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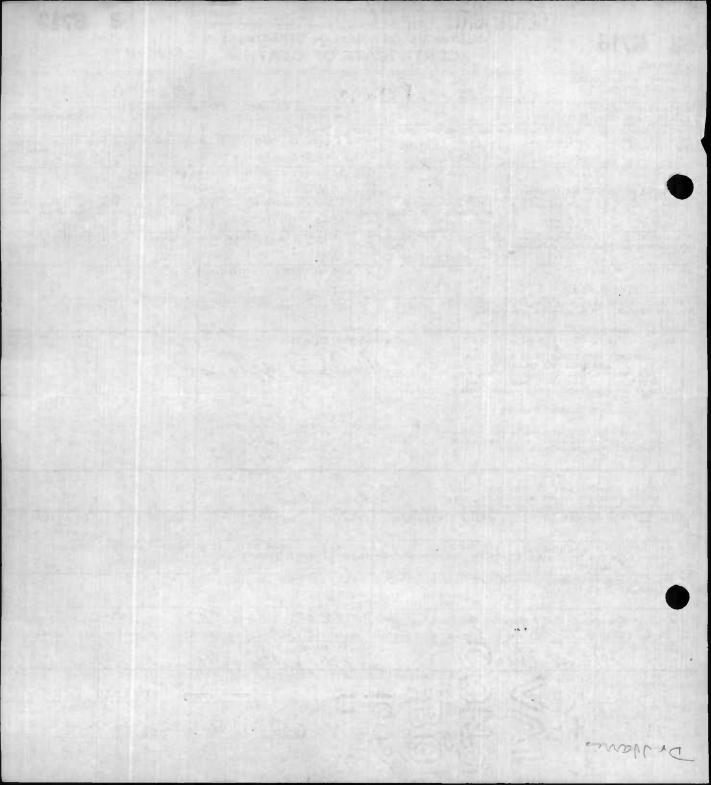
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

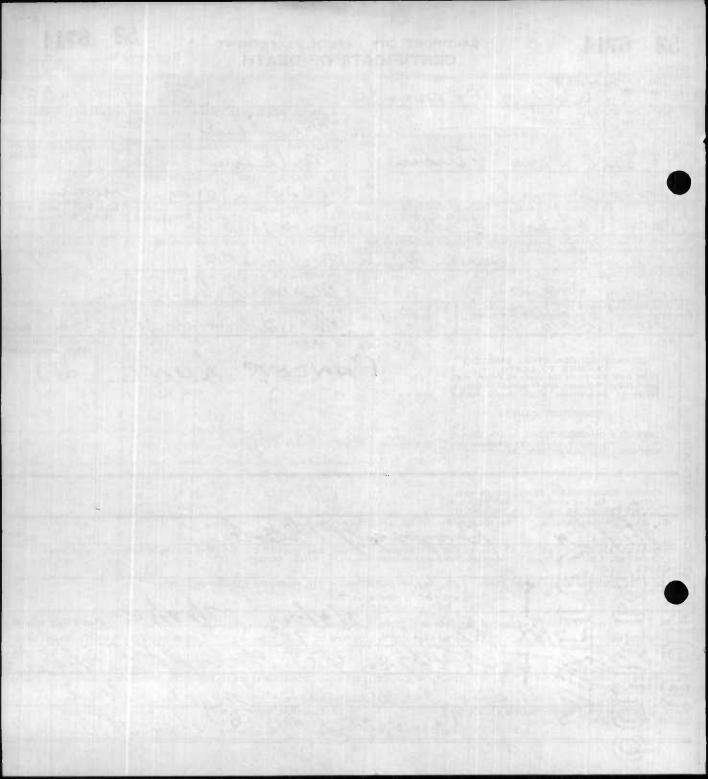
BIRTH NO.							
1. NAME C			ILLIAN	Kon	1	2. DATE OF DEATH JU	aly 21, 1952
3. PLACE C						NCE (Where deceased lived B. COUNTY	
B. FULL NA	ME OF			on, give street address			
HOSPITAL		Snyder	Nursin	g Home location	c. CITY OR TOWN	(If outside corporate lim	nits, write RURAL and give
(1)			arford		Baltimore	2	township)
				Yr	D. STREET ADDRE	SS (If rural, give location)	
ength	of stay in	n Baltimore	28	yrs. Mo Day	/s 4/00 Hario		
5. SEX	6. CC	LOR OR RACE	7. SINGLE	., MARRIED, ED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months; Days Hours : Min.
female	e v	white		gle .	Oct. 7, 187	74	Months Days Hours Min.
		TION (Give kind of		OF BUSINESS OR		tate or foreign country)	1 12. CITIZEN OF
ork done during	most of worki	ng life, even if retired)		INDUST	RY		WHAT COUNTRY
			House	Keeper	Va.		
13. FATHER	R'S NAME				14. MOTHER'S MA	DEN NAME	
Alexar	dria K	ain			Lucy Kidd		
		R IN U. S. ARME	D FORCES?	16. SOCIAL			
Yes, no or naki	nown) (If	yes, give war or date	s of service)	SECURITY NO	17. INFORMANT		ADDRESS
	2 - 0-1				- 0= 5=1=1		INTERVAL BETWEEN
18.	350X			CAUSI	E OF DEATH	•	ONSET AND DEATH
	SEASE OF	CONDITION		/		7	
(This	does not r	DING TO DEA	of dying, e.g	(4) /4	raliped ag	clans	
heart	failure, ast	henia, etc. It mes	ans the disease	2,			***************************************
injur	y or comp	lication which	caused death.	.) DUE TO			
	ANTE	CEDENT CAUS	SES				
z				(B)	***************************************		
		CONDITIONS,		G			
UND	TO THE AB	CONDITION LA	STATING TH	E DUE TO			
3				(C)		***************************************	
OTH	D CICNIS	II FICANT COND	ITIONS CON	1			
		HE DEATH, BUT			Percella Francis		
то ті	HE DISEASE	OR CONDITION	CAUSING I	г		= =	
19A. DA	TE OF OP	ERATION 1	198. MAJOR	FINDINGS OF OF	ERATION		20. AUTOPSY?
₹							YES NO
LYING	OR COM	WAS UNDER-		CE OF INJURY (e. arm, factory, street, nffice ble			, give exact location)
Σ	OF DEAT						
F INJ		h) (Day) (Year) (Hour)	21E. INJURY OCCU	RRED 21F. HOW DID	INJURY OCCUR?	
	J. ()		m.	WHILE AT NOT WH	LE		
						-to 7-2/ 19	6
		tify that I at	tended the	deceased from 2	- 20 - , 195	,	that I last saw th
decease	ed alive o	n7-20	, 19 52	and that death occ	curred at 7:10 Am.,	from the causes and on	the date stated above
23A. SI	GNATUDE		1		23B. ADDRESS	0	23c. DATE SIGNED
•	1490	UNIT KIN	isel	м. D.	3701 Calle	van alexans	7-21-52
24A. BURI	AL, CREMA	- 248. DATE			TERY OR CREMATORY		
- Table 1	-	" ~ 10 . 1-		Rothel Com		Saluda, Virgi	nio
Bur		17/24/5	2	Bethel Cem.		Darada, Varga	
DATE REC	CISTRAD	REGISTRAR	'S SIGNATU	RE	25. FUNERAL DIR	ECTOR	ADDRESS
LOCAL RE	1057	11-	1 1.	, d	- Leonard7J.	. Ruck, 5305 F	Harford Road
01-71	1377	Thunk	ton 1	100	2001182 07 0	1.1000 1	iai I OI a Modu
VS 1	50	,	A. A. A. A. A. A.	Macus Mis			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

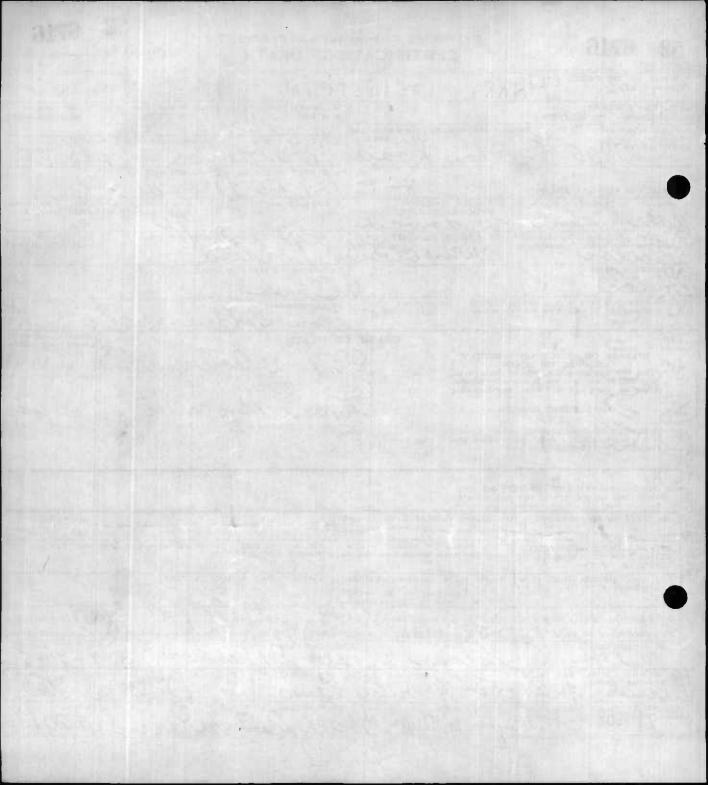
52 6714 Registered No.

BIRTH NO.	
(Type or Print) John 2/. Immel	2. DATE OF DEATH 7-17-52
3. PLACE OF DEAVA: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	
3026 Jona Jurace	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	2026 . Jane Timber
Male Hate 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year of Under 24 Hours of Min.) And the state of
10A. USUAL OCCUPATION (Glvekindof 10B. KIND, OF BUSINESS OR Work daps during most of working life, oven if retired) INDUSTR)	(1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT OUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN, NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Margaret C. Engel
(Yes, no or unknown) (Yes, give year or detegral service) (Yes, give year or detegral service) (Yes, give year or detegral service)	Margaret C. Engel - 3025 Jona June
1021	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	ANCER LUNG (?)
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	LEFT
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (G)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
	PATICAL AUTORY
	YES NO P
2 A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, atreet, office bldg.	in or 24c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY MHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	13/5 19_, to
deceased alive on 19 and that death occu	erred at
Calles E. Marygnes.	433172901010 7/18/17
24A. BURIAL, CREMA- TION REMOVAL (Specify) 7-2/-52 2 240 NAME OF CEMETI Burial 7-2/-52	ery or CREMATORY JAp. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE TUNTINGTON WILLIAMS	John C. Miller Inc 2435 C. Oliver St.
VS 150	46

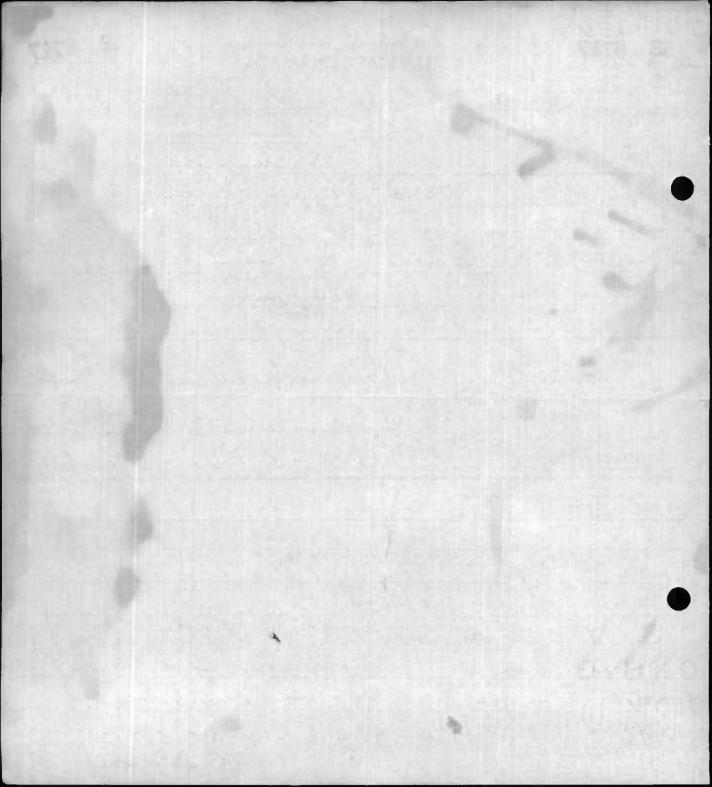


16:	30		-	
r	06. 07.10	EALTH DEPARTMENT	52 Registered No.	6715
	TH NO.) & 1 0 0	E OF DEATH	Tool source 110	
1. N (Typ	AME OF DECEASED And Annual	2.	OF DEATH	2050.
А. В	LACE OF DEATH: altimore City, Maryland	4. USUAL RESIDENCE (Where	B. COUTY	tution : residence before admission)
HOS	JULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		side corporate limits, yr	ite RUPAL and give
	Yrs. Mos. ength of stay in Baltimore Days	D. STREET ADDRESS (If rura	l, give location)	•
m		8. DATE OF BIRTH 9.	AGE (In years If Under last birthday) Months	
work do	ne during most of working life, even if retired)	md.		WHAT COUNTRY
	John Haward	14. MOTHER'S MAIDEN NAME	e. James	
(Yes, r	AS DECEASED EVER IN U. S. ARMED FORCES? Our nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANTOHNS HOPE	CINS HOSPITAL	ESS
1	B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,)	of DEATH 2 furulant man		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	maturity and		
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	eble eythiable	toris	
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL.	9a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg.		Baltimore City, give	exact location)
	ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF INJURY MHILE AT WORK NOT WHILE AT WORK		0	
	22. I hereby certify that I attended the deceased from leceased alive on 201937 and that death occur		auses and on the d	
2	3A. SIGNATURE The huge while huge	JOHNS HOPKINS	HOSPITAL 7	2000
TION	BURIAL, CREMA- PEMOVAL (Specify)	ERY OR GREMATORY 24D. LOCA	TION (City, town, or co	ounty) (State)
DAT	e RECEIVED BY REGISTRAR'S SIGNATURE AL REGISTRAR 2 1 1952 Huntington Williams My	26. FUNERAL DIRECTOR	27576	DRESS-ST
	VS 150			1 miles

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED (Type or Print) 2. DATE roldstein HARRY OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in bespital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION etownship) ultunore Yrs. D. STREET ADDRESS (ural, give location) Mos Cadwa ngth of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 24 Hours 9. AGE (In years) If Under 1 / far WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. widowed 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doue during most of working life, even if retired) WHAT COUNTRY? Wor FATHER'S NAME 14. MOTHER'S MAIDEN NAME noses 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 AFORMANT (Yes, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from that I last saw the deceased alive on 190, 195 a, and that death occurred at 1 D.m., from the causes and on the date stated above. 234. SIGNATURE 238, ADDRESS 23c. DATE SIGNED BURIAL, CREMA-248. DATE NAME OF CEMETERY OF CREMATORY 240. LOCATION City, town, or county) (State) REMOVAL (Specify) 100 PRECTOR DDRESS REGISTRAR'S SIGNATURE FUNERAL melinglow



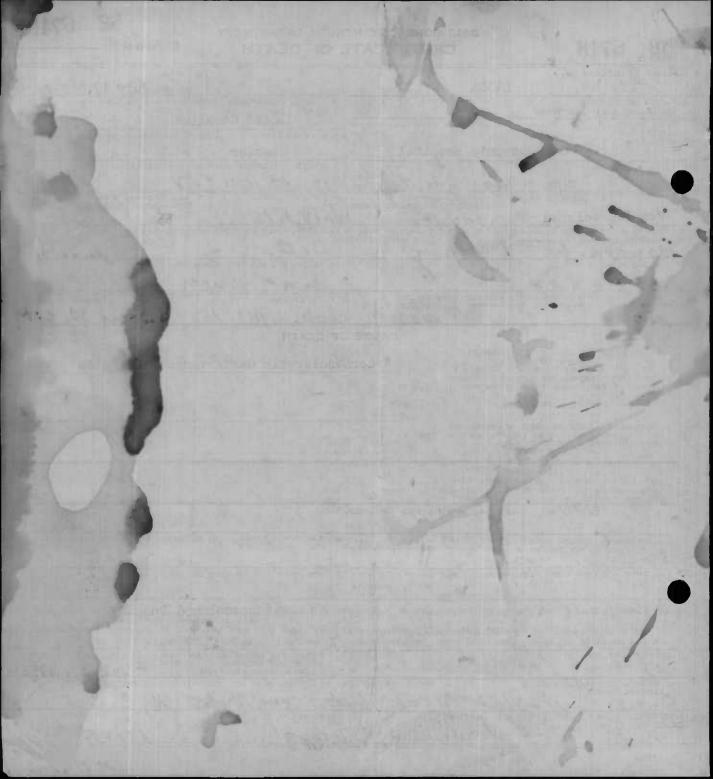
52 6717	BALTIMORE CITY HE	EALTH DEPARTMENT	5	2 6717
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	0,11
1. NAME OF DECEASED (Type or Print)	nie m. Sheo	hells	2. DATE OF DEATH	18-52
3. PLACE OF DEATH: A. Baltimore City, Maryland // B. FULL NAME OF (If not in hosp	28 Carroll St	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	before admission
HOSPITAL OR INSTITUTION	location)		f outside corporate limits,	write RURAL and give
Cength of stay in Baltimore	73 ym. Mos. Days	O. STREET ADDRESS (IN	a0 C	
Jemale White		8. DATE OF BIRTH 12-10-1878	9. AGE (In years life last birthday) Mon-	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind work sone during most of working life, even if retired	of 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	- 3	WHAT COUNTRY
13. FATHER'S NAME Charles &	ngel	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	128 Canoli	DRESS L.
DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	DIRECTLY ATH of dying, e. g., caused death.) USES (B) (B) (B)	nong Ibrani utensure Car ursym des	lesin elis Vasules eenelny ant	Sudder Sudder 2 year
OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., e	or 21c. WHERE DID (bb.) INJURY OCCUR?	If in Baltimore City, give	ve exact location)
ID. TIME (Month) (Day) (Year	r) (Hour) 21E. INJURY OCCURRI m. WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
deceased alive on July	ttended the deceased from 4, 1957, and that death occur	red at 7:10 Am., from t	th causes and on the	That I last saw the date stated above
John P. Wel	eh M.O.	122) Warl	Blod	7.19 ST
244. BURILL CREMA- POL REMUMAL (Specify) 7-21-	1952 Int. Olive	4	ocation (City, town, o	(State)
DATE RECEIVED BY REGISTRAN	ngton Williams MP?	Les R. Bey	an pr 1517	L/tollinos/
VS 150	0	Balt	· 23 mol	



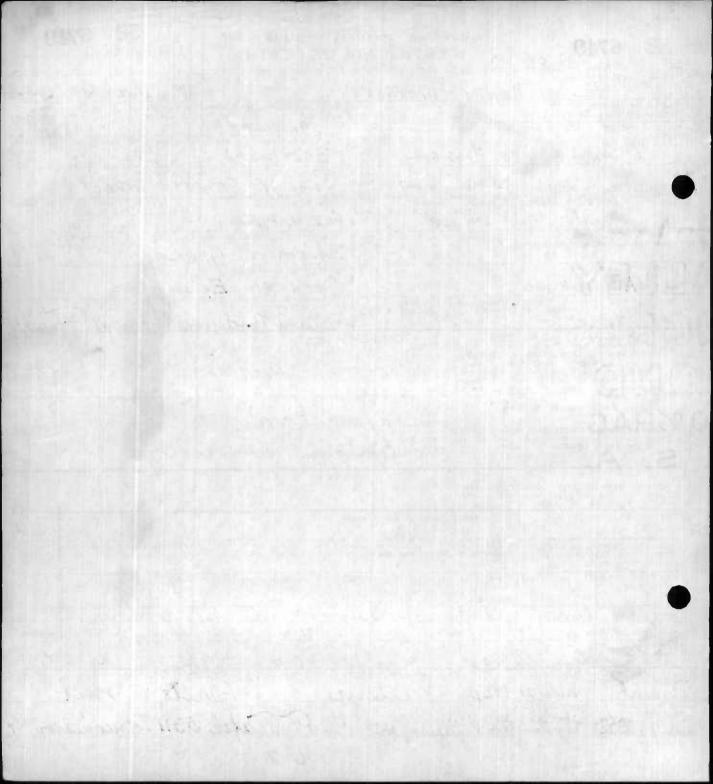
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6718

	NAME OF DECEAS		LAURA	WYLIE				2. DATE OF DEATH	July 1	9, 1952
	PLACE OF DEATH: Baltimore City, 1			VIII III		.STATE		B. COU	lived. If ins	stitution: residence before admission)
	FULL NAME OF .	(If not in hospita	l or instituti				n Carol		ento limito	write RURAL and give
	STITUTION	St. Jose	enhis H			. city or town Chest		itside corpor	rate limits,	township)
		200	2012 0 11	ODDIVAL	Yrs.	. STREET ADDRE		ral, give loca	ation)	
	length of stay in	Baltimore /	Ven-ves	ident	Mos. Days	tor- At. 1:	BOXT	47		1 Maria
5.		LOR OR RACE		MARRIED.		DATE OF BIRTH	1 5	9. AGE (In lnst birth	years H Un day) Mont	der I Year If Under 24 Hours hs: Days Hours Min.
10	Female Co	lored		OF BUSINESS	OR 1	BIRTHPLACE (S	State or fore	ign country) 11:	2. CITIZEN OF
	done during most of working		-		USTRY	S. C.				WHAT COUNTRY
13	FATHER'S NAME	120		2214	1.	. MOTHER'S MA	IDEN NAM	1E ,		11 4171
	unkn	0 40 20				unks	now	21		
	. WAS DECEASED EVE	R IN U. S. ARMED		16. SOCIAL SECURITY	NO I	. INFORMANT			ADD	DRESS
	NO			Nan		earles Wyl	18-15	18/22	Bond	St, City
	18. 4 , 1			CA	USE OF	DEATH			-	INTERVAL BETWEEN
	DISEASE OF	CONDITION	DIRECTLY				*	-		
	(This does not r	nean the mode of henia, etc. It mean	f dying, e. g	(A)	rterio	sclerotic (Jarolov	ascula	r Dise	ase
		lication which c								27.70
	ANTE	CEDENT CAUS	ES	100000						10000
Z		CONDITIONS, IF		G	***************	***************************************	*******************	•••••		
ATI		CONDITION LA		(C)		***************************************	*********************	*************************		
ERTIFICATION		11								
E	OTHER SIGNIF	HE DEATH, BUT							400	
CEF	TO THE DISEASE	OR CONDITION	CAUSING IT	Г	ODERAT	ION			· Committee	20. AUTOPSY?
	19A. DATE OF OPE	ERATION	B. MAJOR	FINDINGS OF	OPERAT	ION				YES NO S
EDICAL	21A. EXTERNAL C			CE OF INJURY		21c. WHERE D		in Baltimor	e City, giv	e exact location)
EDI	UNDERLYING UTING CAUSE	OF DEATH.	about nome, is	11111,120001 3,2010004 01	aco bidgi, occ.)	INSONT CCCC.				
Σ	21D. TIME (Month	(Day) (Year)		1E. INJURY O		21F. HOW DID	INJURY	OCCUR?		
			m. W		TWORK	ļ				
	22. I certify the	at I took char	ge of the	remains deser	ribed abo	ve, held an ins	Spectio Autopsy, Ins	n & in	quiry	thereon and from
	the evidence	obtained by	said Auto	psy, Inspection	m or Ing	uiry, find that	said dece	cased dice	d on the	day stated above
	23A. SIGNATURE	n my opinion	resuitea fr	rom: natural	eauses L	, accident ,				
	Steen	ley &.	Du	clarke	м.р.	ASSISTANT ME		AMINER	F Jul	y 19, 1952
24 TIO	A. BURIAL, CREMA	248. DATE	1 - 2	4c. NAME of C	EMETERY	OR CREMATORY	24D. LOC	ATION (Ci	ty, town, or	county) (State)
	Bhrial	7/23/	152 4	MAYK	13800	ist cem.	Blac K.	Stalk	, 5,	0,-
	TE RECEIVED BY	REGISTRAR'S	SIGNATU	1/11.	11 -01	5. FUNERAL DIR	ECTOR	1	A	ADDRESS
Щ	21 1952	Tunki	dian 4	ratialis.	MY	SEPAGIA	C RE K	SUY	1364	M. CPHTY
V	S 151		Q .		- dan	A PER LA			13	a /10. Md



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	2	BALTIMORE CITY H	EALTH DEPARTMENT	52	6719
BIRTH	No. 3219 0 30	A -	E OF DEATH	Registered No.	
1. NAM (Type or	Print) WILLIAM	HENRY ANDERSON	/	2. DATE OF	20, 1952
	E OF DEATH:	IENKY INVENSON	4. USUAL RESIDENCE (Whe	ere deceased lived. If inst	itution : residence
B. FULL	more City, Maryland NAME OF (If not in hospi	tal or institution, give street address o	A. STATE MARYLAND	B. COUNTY	before admission)
HOSPIT			c. CITY OR TOWN (If ou	tside corporate limits, w	
34	BON SECOU	RS HOSPITAL	BALTIMORE	20-	O township)
	th of stay in Baltimore	5 MOS. 16 DAYS Mos.	2020 W EAY	ral, give location) ETTE STRE	ET
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years Under Months	r 1 Year If Under 24 Hours
M.	W	SINGLE	FEB. 4, 1952	5	16 Rours Min.
work done du	UAL OCCUPATION (Give kind or tring most of working life, even if retired	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		CITIZEN OF
12 FAT	HER'S NAME			ARYLAND	U.S. A.
A L		,	14. MOTHER'S MAIDEN NAM		
15. WAS	DECEASED EVER IN U. S. ARME	D FORCES Lee Goodie	CATHERINEE	DUMMERS	<u> </u>
(Yes, no or	unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDE	RESS
18.	P 5 1 0			ow 20201	INTERVAL BETWEEN
10.	DISEASE OR CONDITION		OF DEATH		ONSET AND DEATH
(I	LEADING TO DEA		TIOUS DIARRHE	A	3 DAYS
l he	art failure, asthenia, etc. It mes jury or complication which	ans the disease.			50/1/5
	ANTECEDENT CAUS			4000	
Z		(B)	DROCEPHALUS		
DI RIS	SEASES OR CONDITIONS, I SE TO THE ABOVE CAUSE (A) NDERLYING CONDITION L	STATING THE DUE TO			
N O	VDERETHING CONDITION E	(c)CONG	ENITAL MENINGO	CELE	
RTIFICATION	11				
E OT	HER SIGNIFICANT CONDITION TO THE DEATH, BUT				
	THE DISEASE OR CONDITION	A CAUSING IT.	PATION		
A	DATE OF GLERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
0 21A.	ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If i	n Baltimore City, give	
1 1.1	IG OR CONTRIBUTING SE OF DEATH	about nome, tarm, ractory, street, omes page.	etc.) INJURY OCCUR?		
210.	TIME (Month) (Day) (Year,) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY C	CCUR1	\
		m. WHILE AT NOT WHILE			
22.]	hereby certify that I at	tended the deceased from Ju	47 17, 1954 to du	LY 26 , 195341	at I last saw the
dece	ased alive on July 20	2, 19_52 and that death occu	rred at 8:40 A.m., from the	causes and on the d	late stated above.
23A.	SIGNATURE	neka	23B. ADDRESS		3c. DATE SIGNED
24A. BU	RIAL, CREMA- 248. DATE	24c. NAME OF CEMETE	BON F COURS HOSE	ATION (City, town, or c	ounty) (State)
TION REM	Oyal (Specify) Ozely 21	1952 Mag To	11.	11/2 7	110
DATE RE	CEIVED BY REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR	AD	DRESS
IFII	REGISTRAR Huntin	ton WH:	John St Olovaled	5311 Edus	med son 40
Vs	150	The same of the sa	some desiple	o o ji o o o o o	many y
11	X> - 14 -		196746		
			0		



2	16						1
	52 67 RTH NO.	720			OF DEATH	52 Registered	No
	NAME OF C ype or Print)		ANNA E.	CHA	MBERS	2. DATE OF DEATH	ly 19 1952
	PLACE OF D Baltimore				4. USUAL RESIDENCE (B. COUNTY	before admission
HO	FULL NAME DSPITAL OR STITUTION		Alor institution, give street	location)	C. CITY OR TOWN (I		its, write RURAL and give township
2	ength of s	stay in Baltimore	75 YRS	Yrs.		f rural, give location) 46 ALA	MEDA
5.	F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCE	D (Specify)	8. DATE OF BIRTH JULY 19 1887	9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hour Months Days Hours Min
work	A. USUAL OC doceduring most HOUSEWO	CCUPATION (Give kied of of working life, even if retired) PK		SS OR IDUSTRY	11. BIRTHPLACE (State or)		WHAT COUNTRY
13	FATHER'S I		TAHR		14. MOTHER'S MAIDEN N		
15 (Yes	i, oo or uokoowo)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURI	11 140.	17. INFORMANT 3007 Mrs. James T.	The Alame	d apress
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA s not mean the mode oure, asthenia, etc. It mes complication which of ANTECEDENT CAUS CS OR CONDITIONS, ITHE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH of dying, e. g., us the disease, caused death.) DUE TO SES (B) F ANY, GIVING STATING THE DUE TO	ABI	PESTINAL OR		
CERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	DIAC	FAILURE		3 DAYS
A.L.	19A. DATE (of operation 1	98. MAJOR FINDINGS		ass in colory	signoil	20. AUTOPSY?
MEDIC	A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE OF INJUI about home, farm, factory, street			(If in Baltimore City,	, give exact location)
2	2.1D. TIME F INJURY	(Month) (Day) (Year)		OCCURRE		Y OCCUR?	

22. I hereby certify that I attended the deceased from 1952, and that death occurred at 1205 Pm., from the causes and on the date stated above. deceased alive on

23B. ADDRESS

1952, to

24B. DATE

23c. DATE SIGNED

, 1952, that I last saw the

24A. BURIAL, CREMA-TION, DEMOVAL (Specify) Durial

24c. NAME OF CEMETERY OR CREMATORY

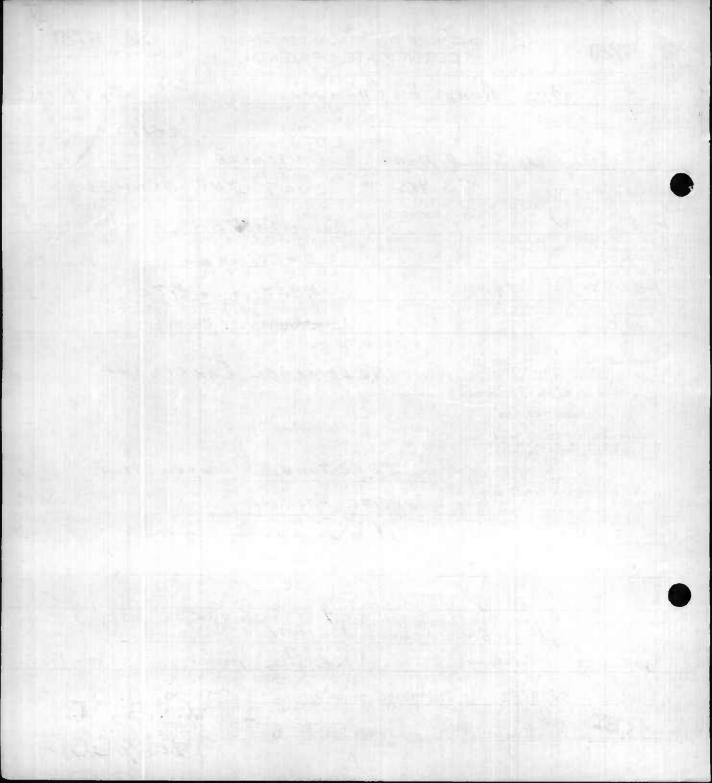
LOCATION (City, town, or county)

Parkwood cemetery

Md. Baltimore

BALTO., & SONS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

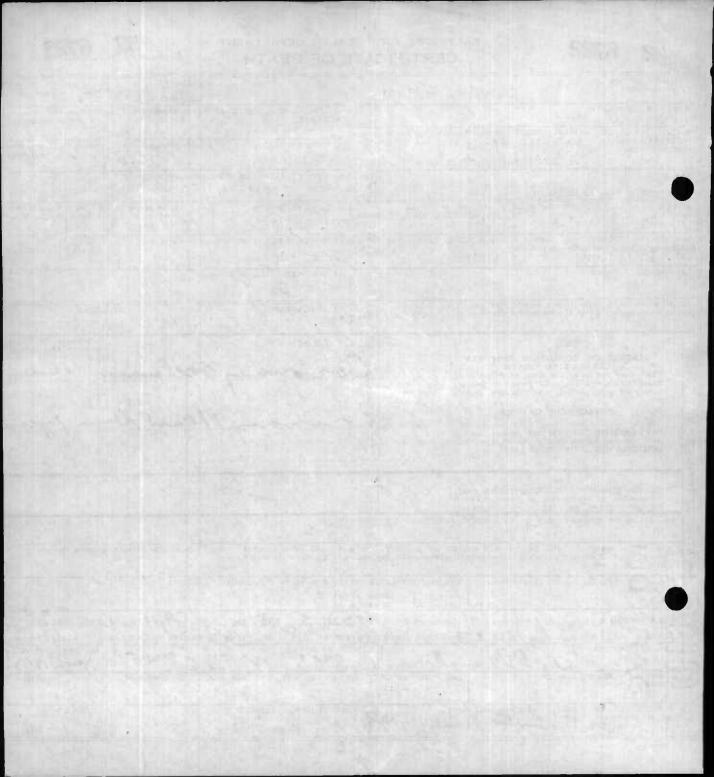
52 6721

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	e Ocherm)//\	2. DATE July	18,1952
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or	1 institution, give street address or	4. USUAL RESIDENCE (\) A. STATE	Where deceased tived. If ins. B. COUNTY.	tution: residence before admission)
HOSPITAL OR INSTITUTION JOHNS HOPKINS	location)	C. CITY OR TOWN (I	outside corporate limits, wi	
chigon of stay in partimore	yrs. Mos. Days	Western Road	rural, give location)	300
Eurolo White	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Obril 2, 1895	9. AGE (In years If Under last birthday) Months	Days Hours Min.
work done during most of working life, even if retired) housewife	a. KIND OF BUSINESS OR INDUSTRY	11. HRTHPLACE (State or f	oreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Matt Maki 15. WAS DECEASED EYER IN U. S. ARMED FOR	RCES? 16. SOCIAL	Unknown		
(Yes, no or unknown) (If yes, give war or dates of se	security no.	17. INFORMANT JOHNS HO	PKINS HOSPITAL	RESS
DISEASE OR CONDITION DIRECTION CONTINUE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused	ing, e.g., (A) Brone e discase,	ntierteris a	pulmos	ONSET AND DEATH
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANTERISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.			,	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
19A, DATE OF OPERATION 19B. I	MAJOR FINDINGS OF OPER	ATION		20, AUTOPSY?
LYING OR CONTRIBUTING abo	1B. PLACE OF INJURY (e. g., in ut home, farm, factory, street, office bldg., e		If in Baltimore City, give	
21D. TIME (Month) (Day) (Year) (Hou	21E. INJURY OCCURRI	ED 21F, HOW DID INJUR	Y OCCUR?	
	m. WORK AT WORK	-9 10534	7-10 -53.	
deceased alive on 7,18, 19	ed the deceased from	, 19 - , 10	7 - 18, $1953 t$	
23A. SIGNATURE	M. D.	3B. ADDRESS	NS HOSPITAL 2	DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) DUPIAL 7/21/52	Oak Lawn Cen	ry or CREMATORY 240. L netery Ba	ltimore, Md.	
DATE RECEIVED BY REGISTRAR'S SI LOCAL REGISTRAR 1111 21 1952		ENTRY ESAIPHERTOR	SONS INC. AL	jander
VS 150	9 0 . 6			

the day to make the ward Mary Williams

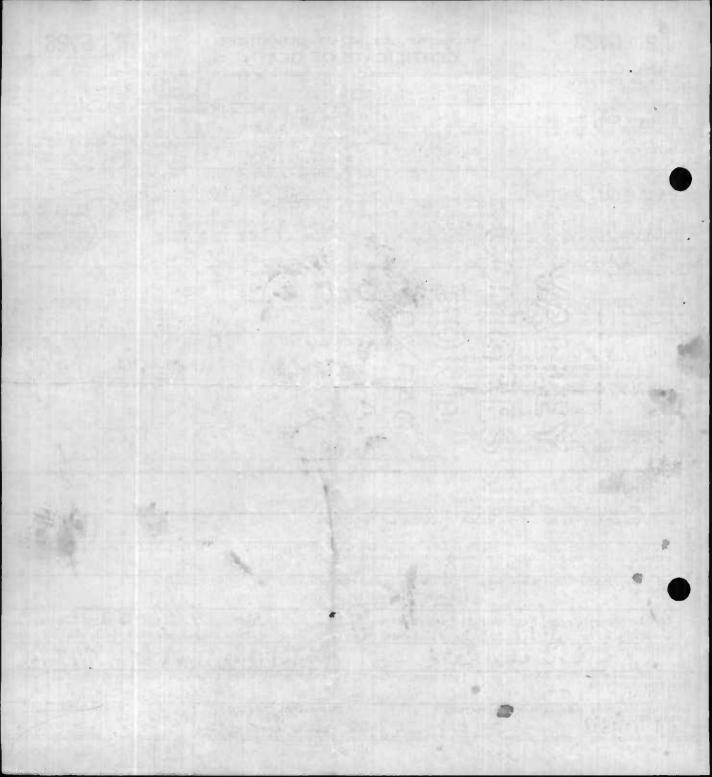
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

=	MININO.						
(7	NAME OF D	A	gnes Co	ra Kellum		of DEATH Ju	ly 17, 1952
	Baltimore (City, Maryland			4. USUAL RESIDENCE (\) A. STATE		If institution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland		
	OSPITAL OR	Ardleigh	Nursin	P Home location)	C. CITY OR TOWN (I	f outside corporate lim	its, write RURAL and give
17	3111011011			dale Avenues	Baltimore	24	township)
- 0			2 (12.1	Yrs.	D. STREET ADDRESS (If	rural give location)	7 6
	enoth of s	stay in Baltimore		Mos. Days	137 S. Clintor		
5	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year Il Under 24 Hours
-	emale	white	MIDOA	VED_DIVORCED (Specify)		last birthday)	fonths Days Hours Min.
			Mado		Feb. 12, 1886	66 years	
WOL	done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	t. Inspe			ental Can Co.	Virginia		WILL COOKING
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
			Skate	S (M)	Lucy Booker		
1.5	WAS DESEAS	En suss in a cons			Date J Docker		
(Ye	s, no or nnknown)	ED EVER IN U. S. ARME (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Mrs. Everett Ell	is, 3967 Hic	ckory Avenue
	18. 11-2	^ /		CALISE	OF DEATH		INTERVAL BETWEEN
	42	01/ 1		CAUSE	OF BEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY			6. 1	
	(This does	not mean the mode	of dying, e. i	8., (A)	oronan	occur	in weat
	heart failu	re, asthenia, etc. It mea complication which o	ns the diseas				
	injury or	complication which	auseu deatr	.) DUE TO			
	- 1000	ANTECEDENT CAUS	SES			Hears &	10 .
Z				(8)	nonay/	Year /	man / yelan
9	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	NG HE DUE TO	/		
A	UNDERLY	TING CONDITION LA	ST.				
<u>U</u>	and the second			(C)	•		***************************************
<u>L</u>		11					
RTI	OTHER S	IGNIFICANT CONDI	TIONS CO	٧.			
川	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	T			
0				FINDINGS OF OPER	ATION	***************************************	20. AUTOPSY?
CAL	TOM BITTE	0	05, 11,710011	THE HOS OF OF ER	ATTOR		
U			1 01- 51		1 01 - 1 - 2		YES NO
EDI		R CONTRIBUTING	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City,	give exact location)
A	CAUSE OF						
2	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK			
	22. I hereb	v certify-that I at	ended the	deceased from Le	1957, to	July 17193	hat I last saw the
	deccased a			and that death occur			
	23A. SIGNA		, 10		3B. ADDRESS	ne causes and on	the date stated above.
	23A. 31614A	1 Dell	00	0.	PUE W	7605	23c. DATE SIGNED
-	- ck	/ Wax	el el	M. D.	OFO	56 4	11/12
2.	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE		OCATION (City, tow	n, or county) (State)
	burial	7/21/5	2	St. Mary's Ger	netery Halt	imore,	Maryland
D	ATE RECEIVE	D BY REGISTRAR	SISIGNATI	ARE I	25. FUNERAL DIRECTOR		ADDRESS
	CAL REGIST		ton	HIAILLA- MOD	- Ac		
	1111 211	952 1 Juning		C. C.	yrm. book, he	1217 St.	Paul Street
	V	. 0	900	was the	6.710		
	VS 150	14400		690	3D'		

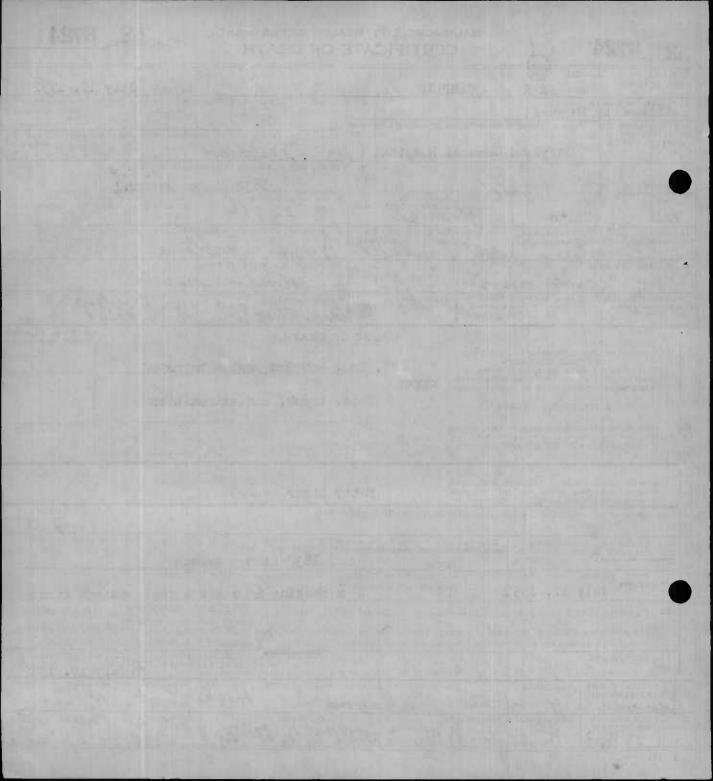


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) GEORGE P. STEINBAG	CHER 2. DATE OF July 17, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o	
HOSPITAL OR INSTITUTION 3220 Hollins Ferry Road	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	p. STREET ADDRESS (If rural, give location)
Mos.	
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	
WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Hours last birthday) Months; Days Hours Min.
Male White Married	March 14, 1879 73
NOA. USUAL OCCUPATION (Givekind of More More done during most of working life, even if retired) Machinist— Retired	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
The state of the s	
Edward Steinbacher	Amalie (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS FORTY Rd
No.	Bertha M. Steinbacher 3220 Hollins
18. 1/2 A. 1	
4201	OF DEATH
DISEASE OR CONDITION DIRECTLY	12 12 11 - Manager 1 days
(This does not mean the mode of dying, e.g., (A)	July July
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
injury or complication which caused death,) Doe 10	
ANTECEDENT CAUSES	AMD
Z (B)	VAIT
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	ne
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	X
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	DATION
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	
U ·	YES NO L
21a. ACCIDENT WAS UNDER- 21b. PLACE OF INJURY (e.g., LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	, 19 51-to , 19 hat I last saw the
decepted alive on 11, 195 and that death occur	
	23B ADDRESS . A 1 239 DATE SIGNED
I have below -	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCA JON (City, town, or county) (State)
TION, REMOVAL (Specify)	24b. LOCA TON (City, town, or country) (State)
Burial 7/22/52 Wester	n Reltimore, Mervland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRANS	V/00.00 () - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
Ton Villater My	IZI/ St. Paul Street
VS 150	



1-	12,	
	BALTIMORE CITY HE	FOR DEATH Registered No. 6724
1	2 6724 CERTIFICAT	E OF DEATH Registered No.
B	IRTH NO.	2. DATE
	NAME OF DECEASED Type or Print) MADE OTIONT TAI	OF 11-10 3000
1-	MARK CHOPLIN	DEATH JULY 19, 1772
	Baltimore City, Maryland	A. STATE B. COUNTY before admission
	FULL NAME OF (If not in hospital or institution, give street address or location)	
	NSTITUTION	township
	Maryland General Hospital	Baltimore / 7 0/
17	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	ength of stay in Baltimore Days	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WOOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours Months: Days Hours Min
	Male White Marrier	9-22-17 37
	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Wol	k done during most of working ties, even if retired) Self Employee	North Carolina
1	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	unavailable	Lens Brown
1	B WAS DECEASED EVED IN IL S ADMED EDDCES? 16 SOCIAL	17-INFORMANT D- OVERESS STA
	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	DINFORMANT 110 Dattes 5'4.
		ma cuopiero High poem N.C.
	18. £916.0 CAUSE	OF DEATH ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g., (A)	id, and 3rd degree burns of
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES fac	e, trunk, and extremities
	(B)	
NO.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
ATION	UNDERLYING CONDITION LAST.	
U	(0)	
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
		ty Liver
CE.		RATION 20. AUTOPSY?
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO [
A	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
	UNDERLYING A OR CONTRIB. about home, larm, lactory, street, omce bidg.	
Ш		1832 Linden Avenue
Σ	OF INJURY	
	July 12, 1952 m. WHILE AT NOT WHILE AT WORK	Exismoking in chair & chair caught lire
	22. I certify that I took charge of the remains described	above, held an partial autopsy thereon and from
	the evidence obtained by said Autonsy Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deccased died on the day stated abov
	and death in my opinion resulted from: natural cause	es [], accident [] suicide [], homicide [], undetermined [].
	23A. GNATURE	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED
0	Glader B. Durlacher	M.D. ASSISTANT MEDICAL EXAMINER July 19, 1952
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
	Kenoral 9-21-52 Cahus	and year vous N.C.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE,	25. FUNERAL DIRECTOR 1217 ST PARES
L	OCAL REGISTRAR	The Custome 1 Bath 7 W.D.
=	JULY July Turington July My	TO TO TO TO TO THE TOTAL OF THE
11/	S 151 N 948. W.) 564	24
	10	



52 6725

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6725
Registered No.

В	RTH NO.								
1. (T	NAME OF O	HARRIETT	En	MERT			2. OATE OF OEATH	7//9	9/52
	Baltimore (EATH: City, Maryland 30		NA TE		4. USUAL RESIDENCE A. STATE		ed lived./If insti DUNTY	tition : residence before admission)
В.	FULL NAME			ion, give street ad	dress or ocation)	SOIT SON		orate limits, wr	rite feURAL and give
1	ISTITUTION					BALT	IMORE		township)
7				LIFE	Yrs.	D. STREET ADDRESS	If rural, give lo		A.D.
		tay in Baltimore			Mos. Days	3017 FONA	TARR	re 65 "	0
5.	SEX F	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH	9. AGE (In last birt	n years H Under	Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS	OR	BIRTHALACE (State o	r foreign countr	y) 12.	CITIZEN OF
	BETIR	ED H.W	3+	ME	USIKI	BALTIMOI	16.	MD	WHAT COUNTRY?
13	FATHER'S	NAME	1			14. MOTHER'S MAIDEN			
						7.		,	
(Ye	e, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT		230 6 ADDR	ESS 314
	No	No		NO		MRSANNAM	LADIN	JAUT	HERN AVE
AL CERTIFICATION	(This does heart failure or injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' s not mean the mode of the complication which complication complication to the death, But the complication of the death, But the complication of the death, But the complication of the death, But the complex complication of the complication of the complex compl	TH of dying, e. s. ins the diseas caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE I CAUSING I	(B) (G) (C)	COPER.	ATION	owank,	distre	20. AUTOPSY?
MEDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY			(If in Baltime	ore City, give	exact location)
-	FINJURY		m.	WORK A	n while	L = V , 19 \$ to	gas 1		nat I last saw the
2	4A. BURIAL.	In Solch	met	M 24c. NAME OF C	1. D.	701N. F	LOCATION (City, town	May) (State)
	ON REMOVAL (S	Specify	1.51	9	D	L 0	. LOCATION I	ong, wan, we	(State)
D	ATE RECEIVE		SSIGNATU	RE	M O	25 FUNERAL DIRECTO	R	UII AD	OORESS
JE	O 1 10E	RAR	: +	N'H.	1.6	Clark 10 T	1.4/1	1: 1	~ Ma \$ 11
	VS 150	June	195	Vollagus.	M	1600 AV 16	Way N	ATTIN S	DIN DIN

930 / 1030 700/ 1/ sumond eur

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See letter in Document File from
Dr. Stanley H. Durlacher, Asst Medical Examiner
8/12/52 ES

ADDRESS

John O. Mitchell & Sons, Inc. 1900 Eutaw Pl.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased by d. If its itution residence A. Baltimore City, Maryland B. COUN A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. o. STREET ADDRESS (If rural, give location Mos. ength of stay in Baltimore Davs 6. COLOR, OR RACE | 7. SINGLE, MARRIED, WIDOWED, DYVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under I Year last birthday) Months Days Hours Min. narried 10A. USUAL OCCUPATION (Give kind of reck done during most of working life, even if retired)

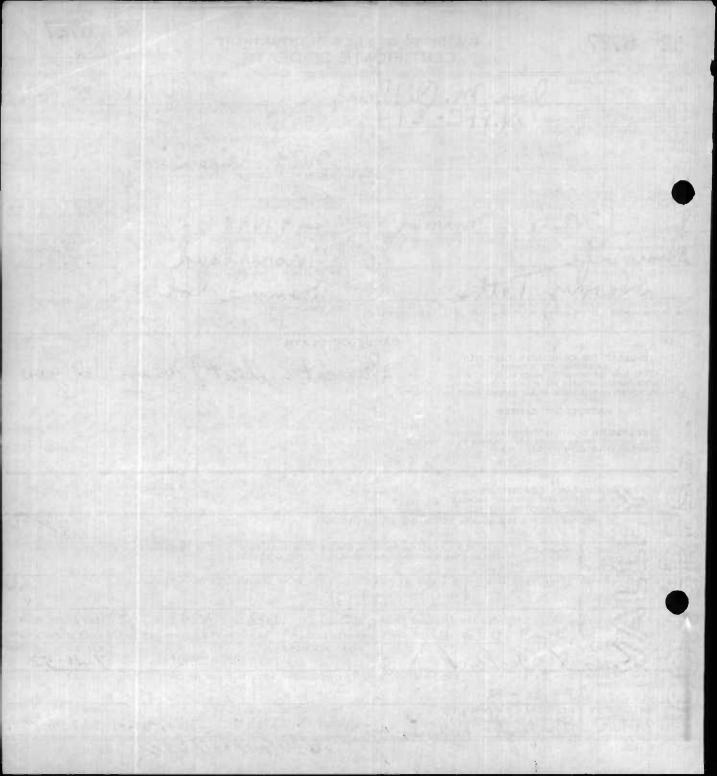
INDUST 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give ver or dates of service) 16. SOCIAL 17, INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH 10 X ONSET AND OEATH DISEASE OR CONDITION DIRECTLY reumatic feart Ducan LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION Ü 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from. _ 195 and that death occurred at 2.36 An., from the causes and on the date stated above. deceased alive on 7-20 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 7 - 21 - 52CEMOURL

25. FUNERAL DIRECTOR

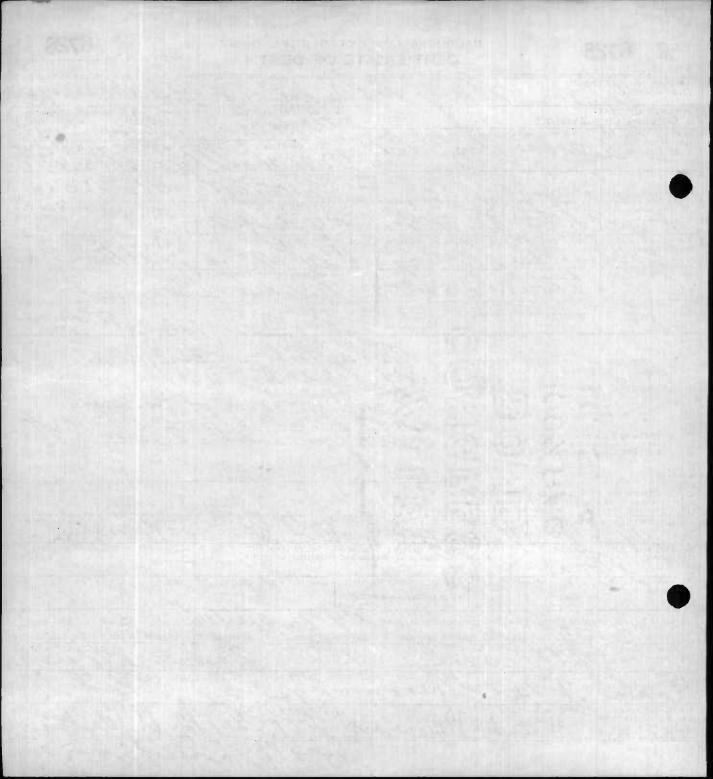
VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



52 Registered No. BALTIMORE CITY HEALTH DEPARTMENT 6728 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 1015 3. PLACE OF DEATH: 4. OSUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR ETTY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townwhip) D. STREET ADDRESS (If pared, give location) ength of stay in Baltimore Days 6. COLOR ON RACE 7. SINGLE MARRIED 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED DIVORGED (Specify ACEAState or foreign country) OF BUSINESS OR 12 CITIZEN OF during wost of working life, even if whred INDUSTR TUSECUITE XILLERICO 4 2110 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no pr woknown) (If yes, give war or dates of service) SECURITY NO NTERVAL BETWEEN ONSET AND DEATH 5/0/10 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194 DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION omack wit 21A. ACCIDENT, SMICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (Swecify) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from . 195 2 to Valle 20195 that I last saw the deceased alive on 4/4/4 201952, and that death occurred at 3-I.m., from the Lauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 10015 OU DE 1119 N RIMOVAL Specify) DATE RECEIVED BY DIREC REGISTRAR'S SIGNATURE ADDRESS VS 150

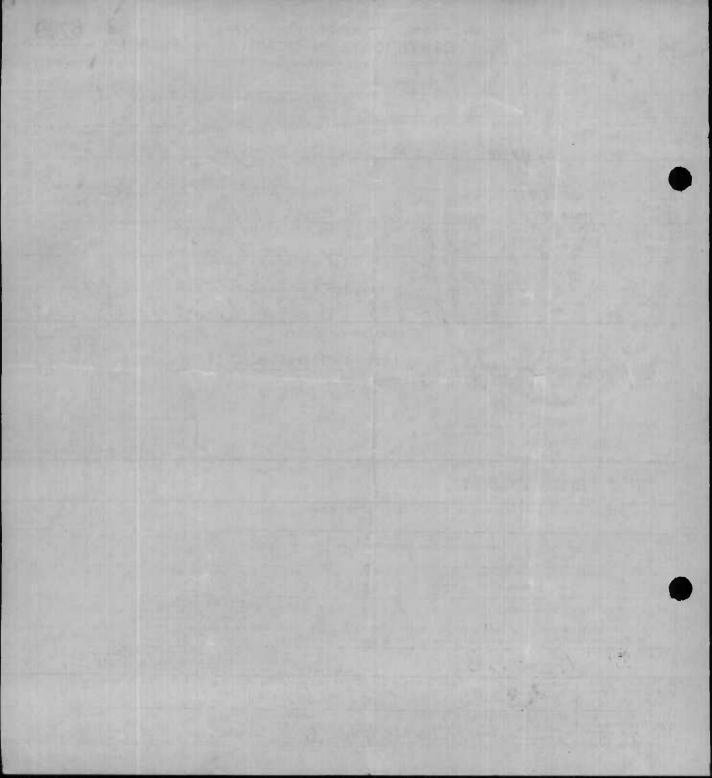


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52 BIRTH	NI	6	72	9
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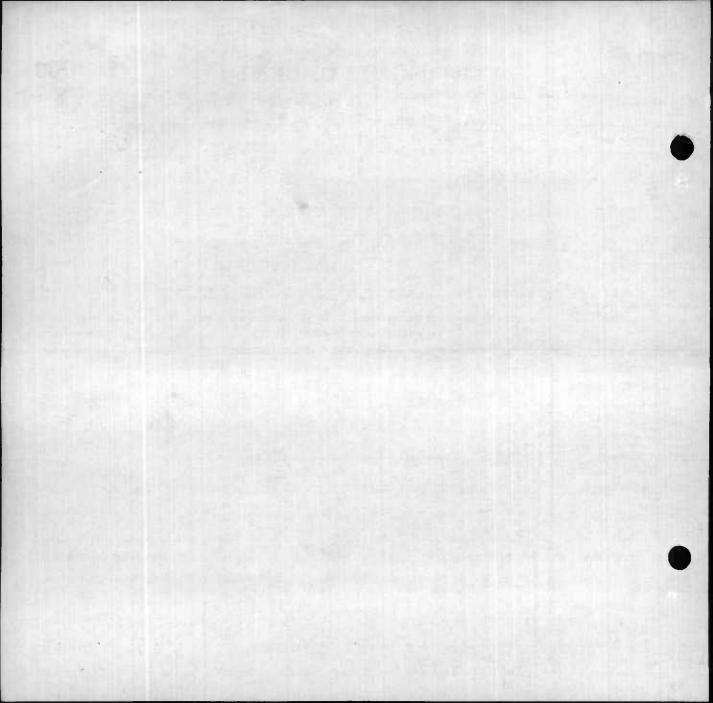
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6729
Registered No.

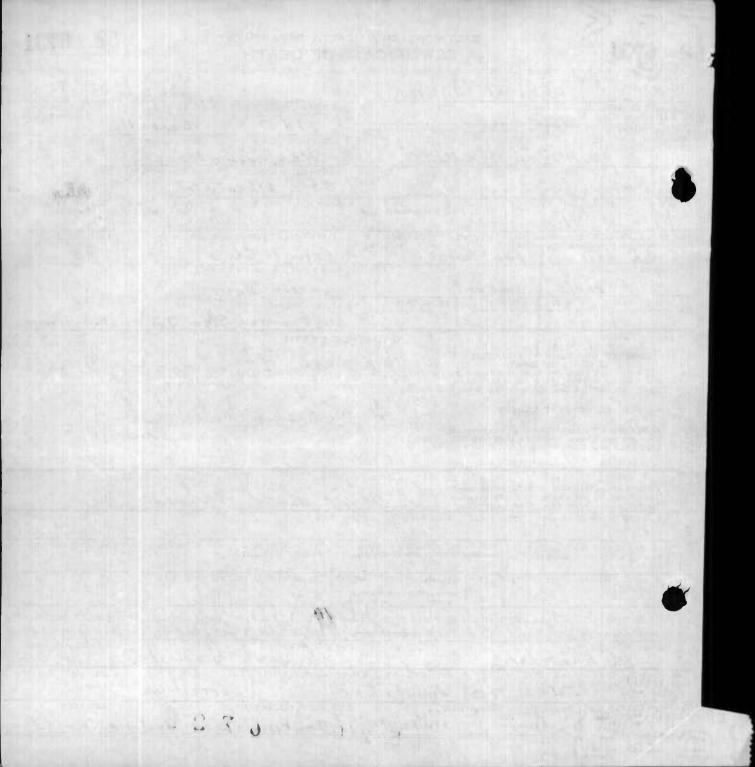
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MILDRED SUMPTER	2. DATE OF DEATH JULY 16. 1952
	. USUAL RESIDENCE (Where deceased lived, If institution: residence . STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location) C.	CITY OR TOWN (If outside corporate limits, write RURAL and giv., township
University Hospital	Baltimore 2/-0
Yrs. O.	. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	658 W. Fairmount Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8.	DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
female colored widowed, DIVORGED (Specify)	Nov. ?- 1918 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) work done during most of works affic, even if retired)	PIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME DI Sewell	Sabelle Franklin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	David Scholle Frairmont do
18. 581.0 CAUSE OF	DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	ONSET ANO OEAT
LEADING TO DEATH Tratty inf	filtration of liver
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATI	ION 20. AUTOPSY?
	YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
2 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY m. WHILE AT NOT WHILE MAT WORK	
22. I certify that I took charge of the remains described about	ve, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquand death in my opinion resulted from: natural causes	uiry, find that said deceased died on the day stated above A, accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
M.D.	ASSISTANT MEDICAL EXAMINER July 17, 1952
24A) BURIAL, CHEMA- 24B, DATE 24C, NAME OF CEMETERY	
Tion, Removal (Specify) 7-12-51	y by nw
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25	5. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	127 SAD (= 1) 918-
JUL 21 1952 7 untinglow thethat My.	W. I where law - 110
V S 151 690 47	pluid Itill are.



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles Street, Baltimore 6730 Balto.City Health DepCERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. PLACE OF DEATH. COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) give nearest town) Baltimore TOWN STREET (If rural, give location) TAL OR ADDRESS INSTITUTION OR 1809 Morrell Pk. Ave. STREET ADDRESS 4. DATE NAME OF (First) (Month) (Day) (Year) DECEASED MMA DEATH JUL (Type or Print) 7. SINGLE, MARRIED WIDOWED, DIVORCED, 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday If under 1 year | If under 24 hrs Months. | Days | Hours | Min. 25 JUNE 1903 (Specify) MARRIED On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) BALTIMORE A4. MOTHER'S MAIDEN NAME 3. FATHER'S NAME 5. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS Yes, no, or unknown) | (If year, give war or dates of . DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INTERVAL BETWEEN ONSET AND DEATH HEART FAILURE CONGESTIV Immediate cause Antecedent cause(s) CEREBRAL THRUMBOSIS Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [PMACE (Home, farm, factory, street, OF office bidg., etc.) I. ACCIDENT (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Not While While at Work At work INJURY reby certify that I attended the deceased from 19 July, 1950, to 19 July, 1952, that I last saw the deceased alive on 18 Tuly 19 52 and that death occurred at 6:30 m, from the causes and on the date stated above. SIGNATURE ADDRESS (Degree or titic) 5608 MAIN ST BURIAL, CREMATION LOCATION (City, town, nr county) DATE NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24 FUNERAL DIRECTOR ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF LAMBERT DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE, before admissi 3. PLACE OF DEATH A. Baltimore City, Maryland before admission) Capro 11 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Weslminster D. STREST ADDRESS (If rural, give location) Yrs. Mos. 55 = Liberty ST ength of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED (Specify) 8. DATE OF BIRTH It Under | Year 9. AGE (In years) If Under 24 Hours last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY withwatchmen Carroll Co. ForFlorist 75 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Lambert (arrie Danos 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Mistroman Stem. Ir Westminster Ma INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 冚 บิ TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OPERATION 19a. DATE OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 1952, to_ , 1957 that I last saw the 22. I hereby certify that I attended the deceased from_ 20, 1952, and that death occurred at 1245 Pm., from the causes and on the date stated above, deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 1 LL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY /24b. LOCATION (City, town, or county) 24B, DATE Winters Cem. Carroll JOIY 23-1952 Borial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Hestminsten Mcl ankarde Som VS 150

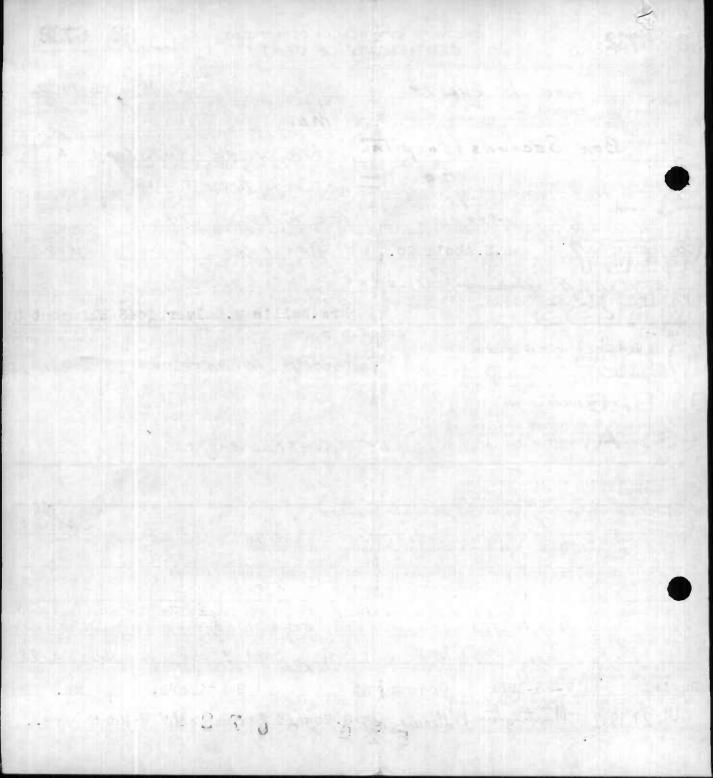


52 6732
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6732

BIRTH NO.		CERTIFICATI	E OF DEATH	Registere	d No.	
1. NAME OF DECEAS	ED			2. DATE		
(20)	LLIAM J. CU	1111000		OF .	9- 19-	
3. PLACE OF DEATH:	-LIAM UL	CHER	A LIGHAL DESIDEN	CE (Where deceased lived	V 20, 1152	
A. Baltimore City, I	Maryland -		A. STATE	B. COUNTY	before admission)	
B. FULL NAME OF	(If not in hospital or institut		MD.			
HOSPITAL OR INSTITUTION BOL	. 5	/ L location)	c. CITY OR TOWN	(If outside corporate li	imits, write RURAL and give	
24 1001	V SECOURS	TTOSPILAL	13 ALTIM	ORE, MARY	(AND township)	
Yrs.			D. STREET ADDRES			
ength of stay in Baltimore 79			1643 ELL	AMONT ST	- 100	
5. SEX 6. CO	LOR OR RACE 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year If Under 24 Hours	
M	1///	VED, DIVORCED (Specify)	Fra 11 190	last birthday)	Months Days Hours Min.	
10A. USUAL OCCUPAT	ION (Give kind of LOB. KINI	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF	
work done during most of working	g life, even if retired)	INDUSTRY	A B	or roreign country)	WHAT COUNTRY?	
Copyman A.S. Abell Co.			MARYLA	ND	0.5.	
13. FATHER'S NAME		10	14. MOTHER'S MAIL	DEN NAME		
GEORGE	A Mus	CULVER	LVDIA	A MILLE	0	
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	fl. blank	ADDRESS	
(1 ou, no or unknown) (11 ye	es, give wer or dates of service)	SECURITY NO.		M. Culver 16	43 Ellamont St	
				Manager To		
18. 420.1		CAUSE	OF DEATH		INTERVAL BETWEEN	
	CONDITION DIRECTLY		,			
(This does not m	ean the mode of dying, e.	B., (A)	RONARY /1	VFARCTION	20 DAYS	
heart failure, asth	enia, etc. It means the diseas cation which caused death	se,				
The state of the s						
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ARTEKIOSCLEROSIS.						
						RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO
UNDERLYING CONDITION LAST. (C) ARTERIOSCLEROSIS.						
ŭ -						
F	II CANT CONDITIONS CON	.1				
TRIBUTING TO TH	E DEATH, BUT NOT RELATE	ED				
O THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPE	RATION 19B. MAJOR	FINDINGS OF OPER	ATION		YES NO	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
CAUSE OF DEATH						
21D. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?		
INJURY		WHILE AT NOT WHILE				
	m.	WORK AT WORK		4		
					55 that I last saw the	
deceased alive on	JULY 80, 1952	and that death occur	red at 10:30Am., f	rom the causes and or	n the date stated above.	
23A. SIGNATURE	200 000		3B. ADDRESS		23c. DATE SIGNED	
1.01	alson - Ill	//A 4. M.D.	BON SECOUN	es HOSPITAL	JULY 20, 1952	
24A. BURIAL, CREMA-	24B. DATE	24C NAME OF CEMETE	RY OR CHEMATORY	24D. LOCATION (City, to		
TION, REMOVAL (Specify) Burial	7-23-1952	Granmannt	THE RESERVE	Pol timena	11.2	
DATE RECEIVED BY	REGISTRAR'S SIGNATU	Greenmount	25. FUNERAL DIREC	Bal timore,	ADDRESS	
LOCAL REGISTRAR	1 1 A. L	1710.				
21 1952	1 untington	Vellegues MER	G. Howard St	rong 3207 W.	North Ave.,	
VS 150	0		W. S. S.			



3 45 52 6733

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 67.33

52 6733 CERTIFICATI	E OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print) Emma J. Stallings	2. DATE OF July 18,1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where dcceased lived. If institution; residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 4901 Wetheredsville Rd.	c. CITY OR TOWN (If outside con oraclimits, will RURAL and give township)					
60 - Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 4901 Wetheredsville Road					
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify) Female Widowed	8. DATE OF BIRTH Aug. 8, 1865 9. AGE (in years list bloor I year Months: Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of the control of	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John H. Heskett	Catherine Maddox					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Ola G.Moran 4901 Wetheredsville					
OTHER SIGNIFICANT CONDITIONS CON-	ironic Myocordites 6 Months rTerin scleroris / year					
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES NO					
VES NO V 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)						
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY WHILE AT WORK AT WORK						
22. I hereby certiff that I attended the deceased from Lynn 1, 1952, to July 18, 1952, that I last saw the						
deceased alige on the 18, 195, and that death occurred at 1 DP m., froff the courses and on the date stated above.						
Egreth. Worling & M. D.	238. ADDRESS 206 ATT MILE 1/21/52					
24A. BURIAL CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMET						
Burial 7-21-1952 Cedar Hill	Brooklyn, Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUL 21 1952	G. Howard Strong 3207 W. North Ave.,					
VS 150	0 / 0 4					

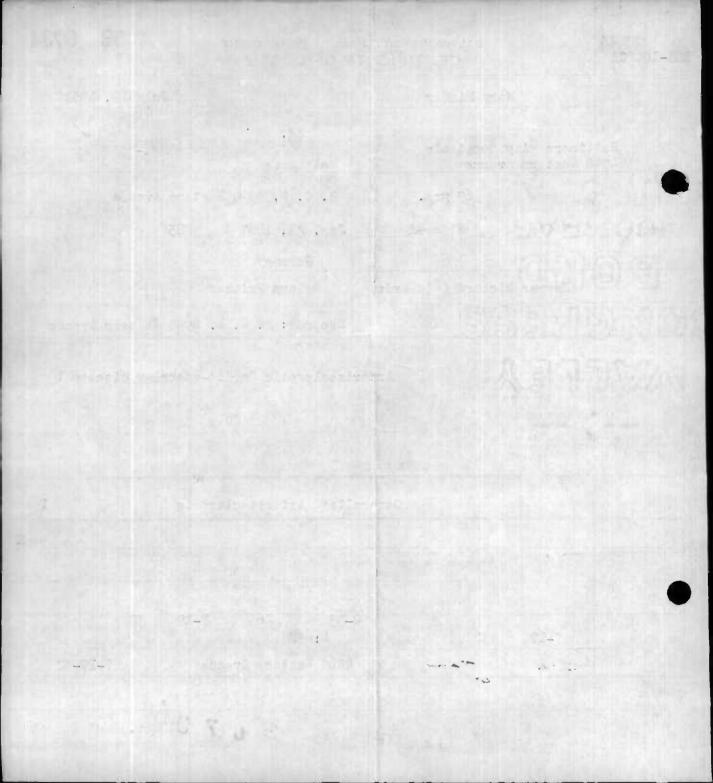
Dr Egbent I Mortemen Jr 2706 St. Paul St Bet 9759 24000 102405 Through the comment of the Ton

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BALTIMORE CITY HEALTH DEPARTMENT

52 6734

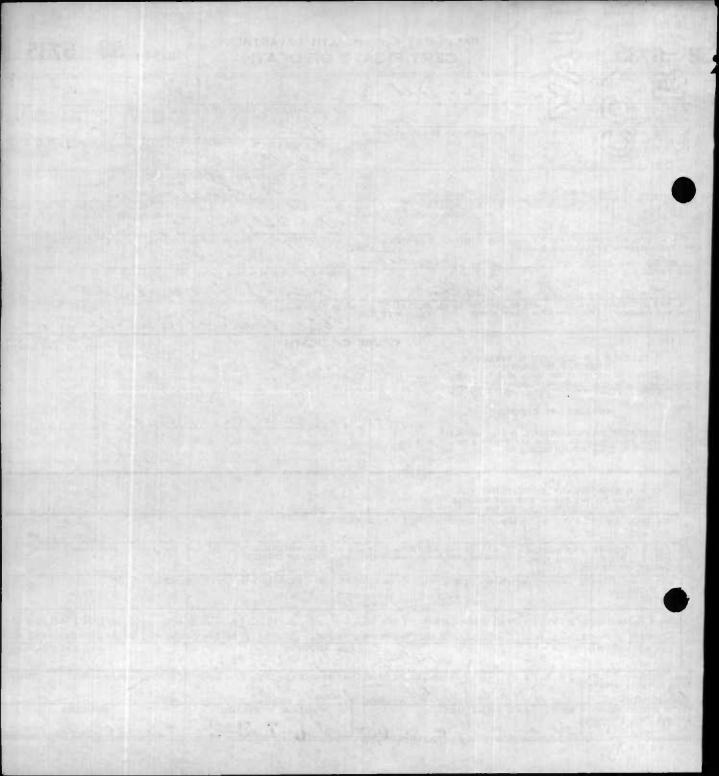
Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 19, 1952 Mary Minder 4. USUAL RESIDENCE (Where deceased lived. If institution residence 3. PLACE OF DEATH: 8. COUNTY he ore admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURAL and give C. CITY OR TOWN township 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. B. C. H. 4940 Eastern Avenue c. Length of stay in Baltimore Days 9. AGE (in years If Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Jan. 23, 1867 Female White Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife Germany own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kaspar Richard (Richards) Helena Fritzer 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT (Yos, no or unknown) SECURITY NO. Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardio-vascular disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Generalized Arteriosclerosis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 AUTOPSY CAI 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERă LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 15 that I last saw the 22. I hereby certify that I attended the deceased from. 19.52, and that death occurred 45 m., from the causes and on the date stated above. deceased alive on 238. ADDRESS 4940 Eastern Avenue 23c. DATE SIGNED 23A. SIGNATURE 7-19-52 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE Baltimore. Maryland Oak Lawn Cemetery buriel ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 6735

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) BELLE LILLIAN V.	2. DATE OF DEATH 7- 69-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	ma la la
INSTITUTION HOSP.	c. CITY OR TOWN (If outside corporate finits, write R RAL and give township)
O Yrs.	D. STREET ADDRESS (Legural, give location)
ength of stay in Baltimore Mos. Days	823 W. Saratoga ST
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if linder I year last birthday) Months; Days Hours: Min.
P.M.C	0016,22 1701 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHRLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Reamstress on factory	was ond.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A mander, Tackson 14,	Cula fordland
15. WAS DECEASED EVER IN U, S. ARM D FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT ADDRESS BULL - 1532 Oleffin Que
18. /L 2 A . 2 CAUSE (OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	INA VECTORIS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	***************************************
ANTEGEDENIE CALLOSS	
ANTECEDENT CAUSES	TENSING HEART DISEASE
Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
UNDERLYING CONDITION LAST.	
(9)	
OTHER SIGNIFICANT CONDITIONS CON-	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 7-	18-32, 19 to 1-19-52, 19 , that I last saw the
deccased alive on 1 19-52, 19 and that death occur	
23A. SIGNATURE M. Walsh 2	3B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Beneal 7-23-52 Charles	men Park Balto mol
Control of	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAP REGISTRAR'S SIGNATURE	Samuel W. Sullwand &-
VS 150	1211-100: - 010
0.70 46	1011 T alleng ton the



11/	5.0				
52	2 _{RTH} 6736	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	6736
1.	NAME OF DECEASED Male	lie Br	aun !	Deterly 19	7 1953
Α.	PLACE OF DEATH: Baltimore City, Maryland		4 USUAL RESIDENCE (Whe	700	tion: esidence before admission)
H	FULL NAME OF (If not in hospital or ins	titution, give street address or	C. CITY OR TOWN	tside corporate limit, prit	RULAL and give
1	606 N. agreed	Yrs.	D. STREET ADDRESS (If run	rive location)	01
C.	Length of stay in Battimore 6.COLOR OR RACE 7. SIN	32 Mentos NGM, MAKARD, NGM, MAKARD, (Special)	8. DAZE OF BIRTH	Age (in years) if Under 1 wast birthday) (Months; I	Year M Under 24 Hours Days Hours Min.
	a. USUAL OCCUPATION (Give kind of 108, P	married	H. GRITHPLAGE (State or fore)	30	ITIZEN OF
6	FATAER'S NAME	HINDUSTRY	Arth Hun		HAT COUNTRY
	George Bu	other	Maggel	Roge	rs
(Ye	6. WAS DECEASED EVER IN U.S. ARMED FORCE 8, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	606 K. 10	soletia.	SI
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying	TLY (A)	OF DEATH		TERVAL BETWEEN
	heart failure, asthenia, etc. It means the d injury or complication which caused of	isease, leath.) DUE TO			
TION	ANTÉCEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, O		94, 4		***************************************
CA	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	(C)			
RTIFI	OTHER SIGNIFICANT CONDITIONS	CON-			The contract of the contract o
CE	TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA				
DICAL	0	PLACE OF INJURY (e.g., i			YES NO
MED	LYING OR CONTRIBUTING about P	ome, farm, factory, street, office bldg.,		Darming only, give on	
	ID. TIME (Month) (Day) (Year) (Hour) F INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJURY O	OCCUR?	
	22. I hereby certify that I attended	the deceased from	7-19, 19,2,10		t I last saw the
	deceased alive on 19 23A. SIGNATURE	1/2 2	rred at 2.20m., from the		DATE SIGNED
	DAREMOVAL (SPECIAL) PAB. DATE DISPREMOVAL (SPECIAL) LIVE 2 3 195	2 MAME OF REMETE	RY OR CREMATORY 240 LOG	CTION (City, town, or cou	nty) (State)
	ATE RECEIVED BY REGISTRAR'S SIGN DCAL REGISTRAR HUNTINGTON	W.H.	STATE RESIDENT	Janes 20	Es Jane
	vs 150 Medical Exami	ner notified	+ Ox'd above sign	esture.	4

NOT A MEDICAL EXAMINER'S CASE

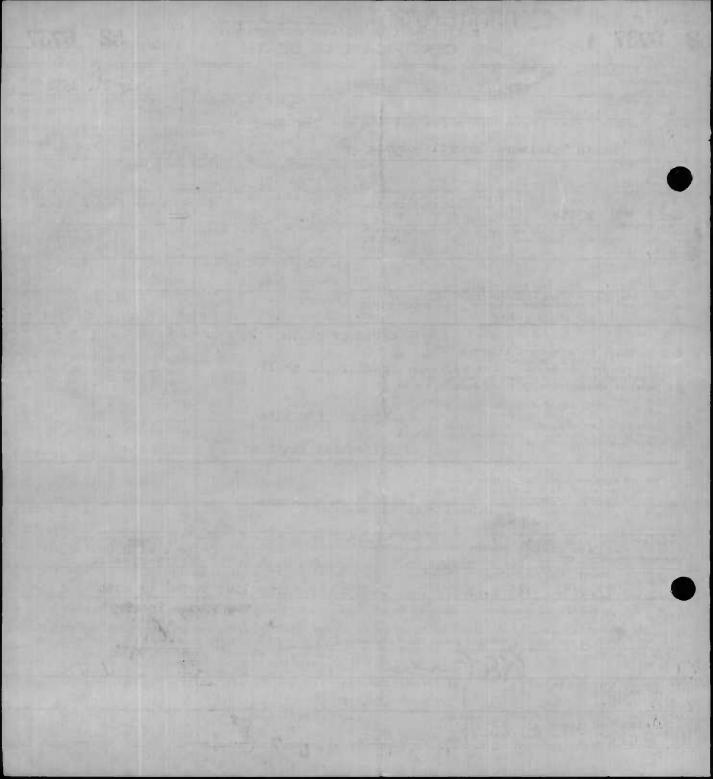
Off December M.D.

CHIEF OR ASST. MEDICAL EXAMINER

CERTIFICATE CORRECTED ______

ristered 52 6737

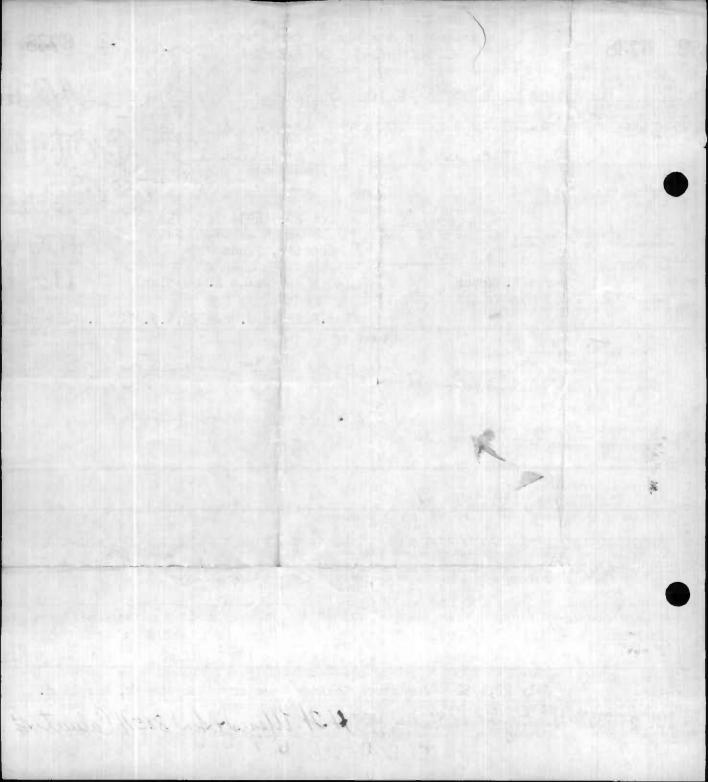
BIRTH NO.			CERTIFICATI	E OF DEATH	Registered 1	Vo: 0/0/	7 4 7
1. NAME OF (Type or Print)	GE	RALD I	HOMAS RUSSEI		2. DATE OF DEATH July		
3. PLACE OF I	DEATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution : resider before admi	
B. FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or	N York			
HOSPITAL OR		ma Cama	location)	1400 000 000	If outside corporate limit		id giv nship
172	South Baltimo	re Gene	-	Num York City			
			Yrs. Mos.	D. STREET ADDRESS ()			
ength of	stay in Baltimore	7 SINGLE	Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 2	A keen
Male	White		ED, DIVORCED (Specify)	Sept. 19, 1927		onths Days Hours	
	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUN	UTRY
o content during mos	tot working me, even mretired)	USMC	INDUSTRI	New York		WHAT COOL	CIKI
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
Arnold 1	W. Russell		Bearing to the	Frances Bayer			
5. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS	
e, no or unknown	(It yes, give war or date		SECORITI NO.	Walter B. Cooks	Funeral Hope,	347 W1114	5
DISEAS RISE TO UNDER!	ES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA	F ANY, GIVIN STATING TH AST.	(B) Subdur	al Hematoma ural Hematoma			
TRIBUTIN	NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED				
The Real Property lies, the last lie	The state of the s		FINDINGS OF OPER	ATION		20. AUTOP	SY?
21D. TIME	7/20/52 7:4	about home, f		1/1 mile nort zif. How DID INJUI Motorcyclist	t struck by au	give exact location Route 301 tion of	r 0
the en	vidence obtained by leath in my opinion	said Auto	remains described of psy, Inspection or I from: natural causes	Inquiry, find that said so accident Autopsy	deceased died on the homieide	indetermined [bov
23A. SIGN	0.	RRF		.D. MEDICAL INVESTIGA	ATOR 🗆 📗	7/21/52	
24A. BURIAL, TION, REMOVAL			V.S. NAVA	1 0	LOCATION (City, town,	14.0.	tate)
DATE RECEIV LOCAL REGIS		1- 141	lliaus M.P.	25. FUNERAL DIRECTOR	SNGTON	ADDRESS	1
V S 151	1803.2	; 9	5 2 0	6 Execi	ASJT.		5



+160 52 6738

CERTIFICATE OF DEATH Registered No. 6738

BIRTH NO.	OLIVIII TOMTI	- OI BERTH	
1. NAME OF DECEASED (Type or Print) REUSTEND WEC	พรธรก.		ATE July 19, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			eceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	on, give street address or	Maryland	Balleners.
INSTITUTION	location)	c. CITY OR TOWN (If outside	corporate imits, write RURAL and give township)
Merces 100 years	Yrs.	D. STREET ADDRESS (If rural, g	give location)
ngth of stay in Baltimore	Mos. Days	Calvert St.	-720 N.
M Mbow	MARRIED, ED, DIVORCED (Specify)	Oct 20, 1893	GE (In years H Under 1 Year H Under 24 Hours Months Days Hours Min.
work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of Chester, Penna	ountry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George B. Weber		Julia A. Sc	anlan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	SECORITY NO.	Rev.Francis J.McVeigh	,S.J. 720 N. Calvert S
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	(B) (C) (C)	cardial infa	releon 2 hrs.
19A. DATE OF OPERATION 19B MAJOR	FINDINGS OF OPER	ATION	20. AUTOPSY?
O STANSSIPPINE WAS AND THE PLAN	CE OF INJURY (e. g., ie	or 21c. WHERE DID (If in B	altimore City, give exact location)
	erm, factory, street, office bldg., e		are note only, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	21F. HOW DID INJURY OCC	UR?
m.	WORK NOT WHILE		
22. I hereby certify that I attended the	deceased from Ju	ly 19, 1953 to July	
	and that death occur	red at 2 20 Am., from the cau	ises and on the date stated above.
GRUPETUS U. Tor	000	38. ADDRESS	el July 19,1952
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial July 22,1952	Woodstock (RY OR CREMATORY 245. LOCATION	on (City, town, or county) (State) dstaock, Maryland.
DATE RECEIVED BY REGISTRAR'S SIGNATURE OF THE PROPERTY OF THE		4. It. Wears + Son	805M. Calvert St
VS 150	a E 0 009	PID 6735	



MEDICAL ELAMINERS CASE	Huxter
536 BALTIMORE CITY HE	CALTH DEPARTMENT 52 6739
CERTIFICATI	E OF DEATH Registered No
1. NAME OF DECEASED	2. DATE
(Type or Print) HENRY HUNSER	OF JULY 19, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MD.
HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write R) RATe and give
Yrs.	DACTIMORE D. STREET ADDRESS (If rural, give location)
angth of stay in Baltimore Alf E Mos. Days	820 N. VINCENT ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under Year If Under 24 Hours
M (SING (E (Specify)	MAy 20, 1952 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rectived) NP ANT. 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOITH HUNTER	LOUELLA WINLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
100	Morner 820 N. VINCENT ST.
18. 522X 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DUMONARY EDEMA (?)
heart failure, asthenia, etc. It means the disease,	300000
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	OMITING - SEPIRATION 8 HAS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	ves No large 21C. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK,	
22. I hereby certify that I attended the deceased from 7/1	1957, to 7/19, 1957, that I last saw the
deceased alive on 7/19, 1952 and that death occur	
Lugwood L. Clemmens, MD 2	Theretal, depute 23c. DATE/SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Ban 10 7-21-52 mt. (l	
	bun Bolts City
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS (
JUL 2 1952 Tuntington Williams Mr.	25. FUNERAL DIRECTOR ADDRESS (
LOCAL REGISTRAR 1 1 1/11.	Wa. 6 A. Joelson

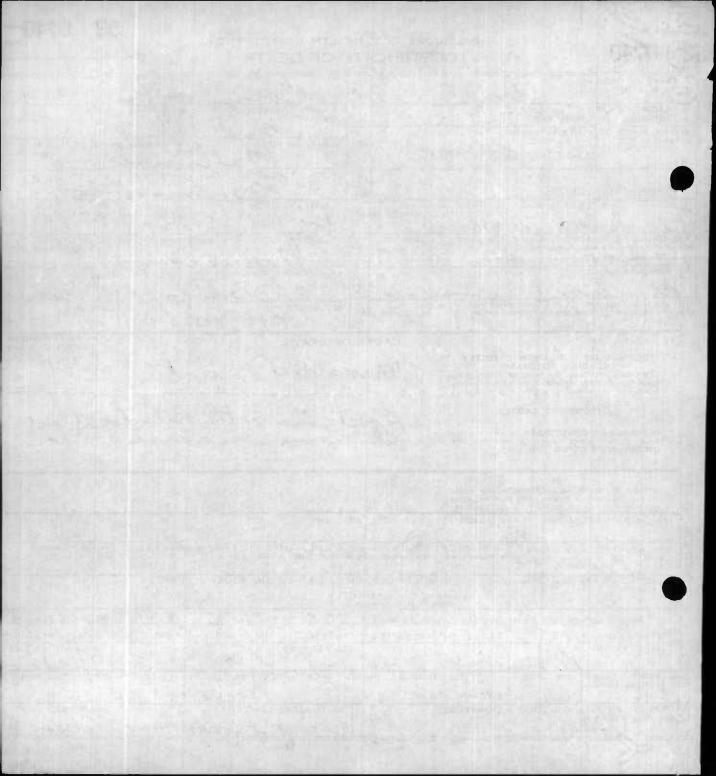
MOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

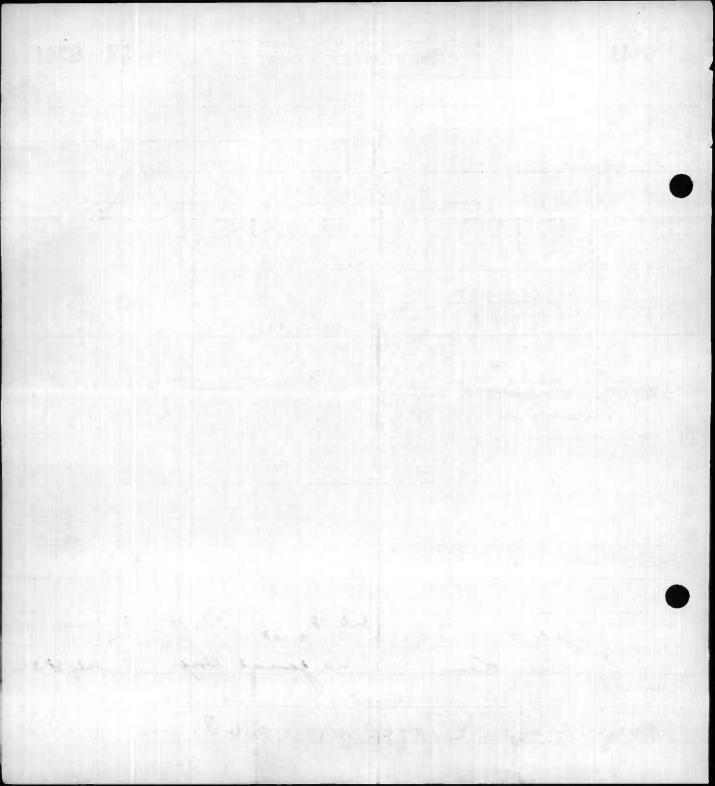
	412		. 52	6740
2	CPTAD	EALTH DEPARTMENT	Registered No.	07.10
BI	RTH NO.	E OF DEATH	Registered No.	
	NAME OF DECEASED Quella & &C	hellback	2. DATE OF DEATH	19.1952
	PLACE OF DEATH: Baltimore City, Maryland 3	4. USUAL RESIDENCE (WE	erc deccased lived. If inst	itation : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)		Balte	met C
IN	JOHNS HOPKINS HOSPITAL	12 all	utside corporate limits, w	township)
G.	Yrs. Mos. Days	211	SUM MI	T AUE,
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify MARRIED)	8. DATE OF BIRTH	9. AGE (In years of Unday) Months	I Year If Under 24 Hours Days Hours Min.
	A. USUAL OCCUPATION (Givekiodof doe during most of working life, eveo if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ALL O	0
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	Thrist	iva sch	raum
(Yes	(If yes, give war or dates of service) SECURITY NO.	JOHNS HOPK	ADDE	RESS
		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	cardial Int	unt	4d
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1		
_	ANTECEDENT CAUSES	Tenine arter	vorlette.	atlast
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	to vorular a	disease	740.
ICA	UNDERLYING CONDITION LAST. (C)	······		
CERTIFICA	II OTHER SIGNIFICANT CONDITIONS CON-			70345
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
اد	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	io or 21c. WHERE DID (If otc.) INJURY OCCUR?	in Baltimore City, give	exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
h	INJURY m. WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from 7	-18-,1957to 7	-19-,195,7	hat I last saw the
	deceased alive on /-/7-, 1952 and that death occu	238 ADDRESS	causes and on the a	late stated above. 3c. DATE SIGNED
	Mending M.D.	JOHNS HOPKINS	HOSPITAL	7/19/52
TIC	A. BURIAL, CREMA- N, REMOVAL (Specify) URIAL 24B. DATE 24C. NAME OF CEMETE OHR LAWA	ERY OR CREMATORY 24b. LO	FATE MA	ounty) (State)
-	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AE	DRESS 2007
=		ULLRICH FUNE	BAL HOME	ORIEAM
6	VS 150			

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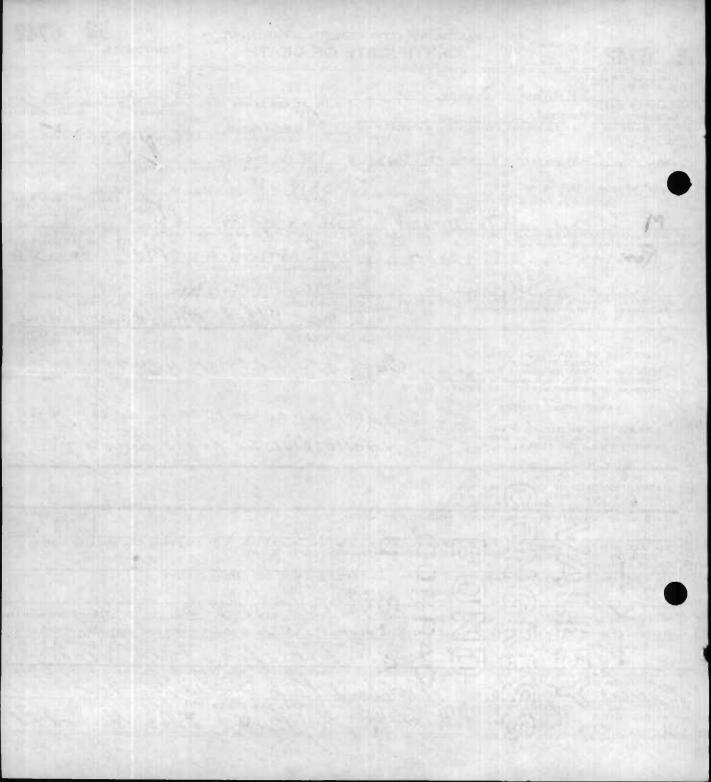


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 2 6741

В	IRTH NO.			CERTIFICAT	E OF DEATH		
	NAME OF D	ECEASED The	mas	Abboti			ly 18'1952
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased Aved, I B. COUNTY	finstitution; residence before admission)
Н	FULL NAME OSPITAL OR	OF (If not in hosp	ital or instituti	ion, give street address or location)		(If outside corporate Ish	its, write RURAL and give
"	mary	land Ge	unel)	Insital	Ballim	ou 7	township)
				Yrs, Mos.	-	If rural, give location)	0
5	Sex	tay in Baltimore	E 7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	In Road If Under 1 Year Il Under 24 Hours
	m.	While-	WIDOW	(ED, DIVORCED (Specify)	OCT 31-1879	last birthday) M	onths Days Hours Min.
		CUPATION (Give kind f working life, even if retire		OF BUSINESS OR INDUSTRY	MARYLAND	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME		JUB WIRK	14. MOTHER'S MAIDEN		1
	John	1 2680	u		Isabell	a Russ	ell
(Ye	z, no or nnknown)	D EVER IN U.S. ARM (If yes, give war or de	tos of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	10 22	0 V			WM. E. ABBOTT	1828 E.	297H UT
	18. 330			CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DE	ATH	Sul	arachnoi	1 640 0	11.
	heart failu	not mean the mode re, asthenia, etc. It m complication which	eans the diseas	e,	a co con no c	ex ways	4 27
		ANTECEDENT CA		., 202 10			
Z				(B)			
TION	RISE TO T	OR CONDITIONS	A) STATING TH				
CA	ONDERL	ING CONDITION	LASI.				
RTIF		П		(C)			
CER	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELATE	-D			
AL	19A. DATE O	FOPERATION	19B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i arm,factory,street,office bldg.,		(If in Baltimore City,	give exact location)
Σ		Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
K	INJURY		m. 1	WHILE AT NOT WHILE AT WORK			
				deceased from			that I last saw the
			1952		red at 10:20 R., from	the causes and on	
	23A. SIGNAT	TORE - O.	Lu	•	Ind. Jennal	Hora.	23c. DATE SIGNED
2	4A. BURIAL, O	MA- 248 DATE	an	M. D. J 24c. NAME of CEMETE		LOCATION (City, tow)	n (of count) (State)
3	URIAL	JULY ZZ	-1952	MT GLIVET	72.	NCTIMORE	MO
D	ATE RECEIVE		R'S SIGNATU	RE	25. FUNERAL DIRECTO	7 3 0	ADDRESS 2005
=	JUL 21	1952	gton W	Maur, MZ.	NY MERCH PUDI	ERIT HOME	ORIEANSIT
	VS 150		0	130	41		
				0/2	4/4		



560 BALTIMORE CITY HE	CALTH DEPARTMENT 52 6742
CERTIFICATE	
1. NAME OF DECEASED (Type or Print) Shaper John B	2. DATE OF DEATH OF DEATH OF DEATH
3. PLACE OF DEATH: **Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C, CITY OR TOWN (If outside corporate limits, write HUIAM and give
INSTITUTION	Balt: more (township)
South BAH: more General Hose.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	3018 Pine wood Ave
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last bir Inday) Months Days Hours Min.
M W married	Jang 1896 56
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	13 ATT: MOTHER'S MAIDEN NAME
	MA V. V.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.,	mr. Ethel M Shaner Same
18. 420.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	last homischoose house
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	, oral Kemeryndoes hours
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	itensive cardio vascular years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	, disease /
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	riosklerosis heart disease xears
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
	injury occur?
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Y	10, 1957 to 1.20, 195, that I last saw the
deceased alive on 7-20 -, 19 52 and that death occur	rred at Z. 4 m., from the causes and on the date stated above
23A. SIGNATURE	3B. ADDRESS Light It 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TION TEMOVAL (Specify) 7/24/52 Marelan	of tark Dallo md
DATE RECEIVED BY REGISTRAY'S SIGNATURE	25. FUNERAL DIRECTOR
III 21 1052 Huntington Vollades, My	Thete 3205 Naiford Pd
VS 150	
162 9	3



12	_50
2	6743
BIR"	TH NO

CERTIFICATE OF DEATH Registered No. 5743

В	IRTH NO.				L OI DEAI			
	NAME OF DE	TOHN	R	TACKBO	N	2. DATE OF DEATH	20 Ju	452
	Baltimore C	ity, Maryland			4. USUAL RESID	ENCE (Where deceased livers B. COUN		ion : residence before admission)
H	FULL NAME (OSPITAL OR ISTITUTION			Hospital	C. CITY OR TOWN	. /	e amits, write	RONAL and give township)
7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JURIL /	Yrs. Mos.	D. STREET ADDR		2.	- #i -
5.		ay in Baltimore 6. COLOR OR RACE	7. SINGLE, M	Days ARRIED.	/ 2 2 / 8. DATE OF BIRTI		ars H Under 1 Yes	
	M	W	n	DIVORCED (Specify)	APL 13 1:	883 69	y) Months Da	ays Hours Min.
	done during most of	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF	BUSINESS OR		State or foreign country)		TIZEN OF HAT COUNTRY?
13	FATHER'S N	AME	. 7		14. MOTHER'S MA	IDEN NAME		<u> </u>
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES? 16	SOCIAL	HUNA 17. INFORMANT	HUTCHINS	ADDRAS	s 1.
(16	, do or narmown)	(If yes, give war or dates	of service)	SECURITY NO.	Phas.	Madeline -	acks	n, same
	18. 540	0.1		CAUSE	OF DEATH			SET AND DEATH
	(This does heart failu	E OR CONDITION LEADING TO DEA- not mean the mode or re, asthenia, etc. It mea complication which of	TH f dying, e.g., ns the disease,	(A) PERF	ORATED (FASTRIC ULE	ER	2 DAYS
7		ANTECEDENT CAUS	ES	MAINTH T	ERITONITIS	+ TERMIN	p.	2 DAUS
ATIO	RISE TO TH	OR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE	OUE TO				
IFIC	3	11		(C) PHEN	M, Mom			DAY
CERT	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	BENIEN 1	POSTATIC ,	HYPERTROPH	7 0	Sweeks
AL	194 DATE OF			NDINGS OF SPER	·	TURED GAST.		O. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLACE	OF INJURY (e. g., i	n or 21c. WHERE	OID (If in Baltimore		
Σ	21D. TIME ()	Month) (Day) (Year)	(Hour) 21E.			INJURY OCCUR?		
		certify that I att	ended the dec	eased from 7		2, to 7/20,	19.52 that	I last saw the
	deceased ali	ive on 7/20	, 19 <u>52</u> , and		red atm.	, from the causes and		stated above.
	40	Ca Ca- pur	rlu	M. D.	Jud. Hen	Hospital	20	1552
	AA. BURJAL, CONSENOVAL (SI	Per 248. DATE 7/23	152 240.	mame of CEMETE	RY OR CREMA ORY	Dals	The	d. (State)
D.	THE RECEIVED		signature	iaus- ME	25 FUNERAL DIE	5305	- Han	ford Rd.
	VS 150	(1	51/5	10			
				1404			V	

Alexander Control of the Control of

CERTIFICATE OF DEATH Registered No. 6744 BALTIMORE CITY HEALTH DEPARTMENT

BII	RTH NO.		CERTIFICAT	L OF BEATTI
	NAME OF Dope or Print)	CONRA	D FLACK	2. OATE OF JULY 18, 1952
Α.		City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
HO	SPITAL OR STITUTION		nstitution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
6	0	3207 Roseke	mp Avenue	Baltimore Baltimore of the Baltimore
	ength of s	tay in Baltimore	Mos. Days	3207 Rosekemp Avenue
	SEX	6. COLOR OR RACE 7. S	INGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year last birthday) Months; Days Hours Min.
	ale usual oc	White CUPATION (Give kinded), 108	married . KIND OF BUSINESS OR	M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
MOCK	done during most of letired	working life, even if restroy	metal Worker	Baltimore, Maryland WHAT COUNTRY?
	ernhar			14. MOTHER'S MAIDEN NAME Catherine ?
15.	WAS DECEASE no or unknown)	D EVER IN U. S. ARMED FOR (If yes, give war or dates of ser	CES? 16. SOCIAL	17. INFORMANT ADDRESS
(100	no or unknown,	(11 you, give war or dates of so:		Mrs. Ida M. Flack, 3207 Rosekemp
CERTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	not mean the mode of dyine, asthenia, etc. It means the complication which caused ANTECEDENT CAUSES OR CONDITIONS, IF ANY HE ABOVE CAUSE (A) STATING CONDITION LAST. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(C)	in ma maitle 2 years
]			AJOR FINOINGS OF OPER	ATION 20. AUTOPSY?
EDICA		CONTRIBUTING about	B. PLACE OF INJURY (e. g., it bome, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, give exact location)
≥ .	210. TIME F INJURY	Month) (Day) (Year) (Hou	r) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
		ive on 7 - 16 -, 19	52. and that death occur	2 6-52, 19, to 7-18-52, 19, that I last saw the red at 9:30 fm., from the causes and on the date stated above. 3B. ADDRESS 45 D. C. J. C
24 TIO	A. BURIAL, (S N. REMOVAL (S Buria	pecify)	24c. NAME OF CEMETE Parkwood Ce	
	TE RECEIVE CAL REGIST UL 211		on Williams, My	Longro JA Ruck, 5305 Harford Road.
	VC 1EO		4 March 1970	

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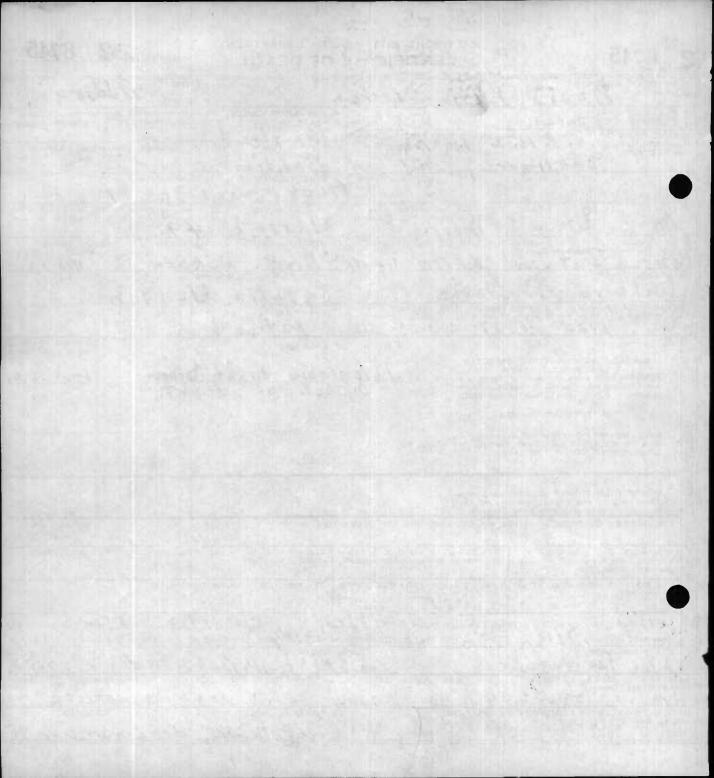
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BALTIMORE CITY HEALTH DEPARTMENT

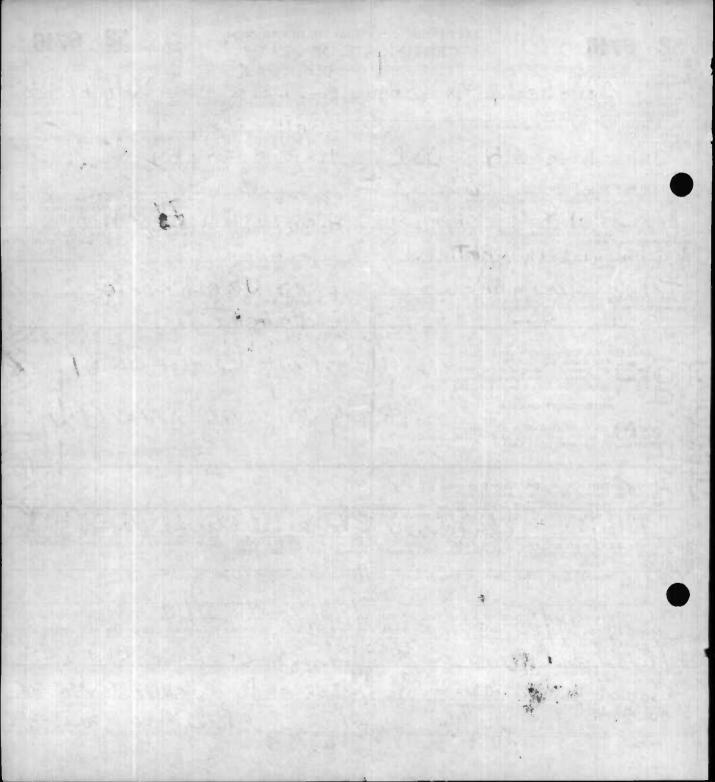
Registered 52 6745

	RTH NO.	ALE TO	L OI BLAIII	
(T	NAME OF DECEASED type or Print) Davis, Jes	Sie Elsto	7	2. DATE 0F 7/26/5-2
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Who	ere deceased lived. If institution: residence B. COUNTY before admission)
HC	FULL NAME OF (If not in hospital or insti	tution, give street address o		tside corporate limits, write RURAL and give
	Baltimore	md	Baltimore	
	length of stay in Baltimore	3 Yrs.	1609 Cares	ral, give location)
5.	SEX 6. COLOR OR RACE 7. SING	SLE, MARRIED, OWED, DIVORCED (Specify	8. DATE OF BIRTH	AGE (In years If Under 1 Year last birthday) Months Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of dorp during most of working life, even it retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	
/1	ctived coust Juand Ch	EF PETTY OFFICE		
13	. FATHER'S NAME	v	14. MOTHER'S MAIDEN NAM	E
15	. WAS DECEASED EVER IN U. S. ARMED FORCES	? 16. SOCIAL	17. INFORMANT	len son
(Yes	(If yes, give war or dates of service)	214-20-9266	la treat	ADDRESS
	18. 420,1		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL		W	ONSE! AND BEATH
	(This does not mean the mode of dying, heart failure, asthonia, etc. It means the dis-	ease.	m 005/5 /113ht	proyent 1-2 hrs.
	injury or complication which caused de-	ath.) DUE TO	-33CA 07 16	avr.
7	ANTECEDENT CAUSES			
O	DISEASES OR CONDITIONS, IF ANY, GI	(B) VING THE DUE TO	***************************************	
Y	UNDERLYING CONDITION LAST.	(C)		
IFICA	UNDERLYING CONDITION LAST.			
RTIFICA	OTHER SIGNIFICANT CONDITIONS OF	(C)		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	(C)		
U	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	(C)		20. AUTOPSY?
U	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER 21B. F	(C)	RATION in or 2 lc. WHERE DID (If i	20. AUTOPSY? YES NO n Baltimore City, give exact location)
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MEDICAL C	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 19A. DATE OF OPERATION 19B. MAJOR 19B	CON- ATED 5 IT. DR FINDINGS OF OPE PLACE OF INJURY (e.g., me, farm, factory, street, office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE WORK AT WORK he deceased from 2 and that death occu	RATION TO OF 2 IC. WHERE DID (If in the control of	n Baltimore City, give exact location) OCCUR?
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VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO DEMORK 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF BEATH 4. USUAL RESIDENCE (Where deceased) ved. If institution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or ALTIMORE HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURA+, and give INSTITUTION township) am Yrs. D. STREET ADDRESS (If rural, give location) City on ength of stay in Baltimore 6. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AG (a years If Under 1 Year If Under 24 Hours Inc. Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) ARRIEC 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Matchingh In bah CHRMANU MOTHER'S MAIDEN NAME = 1 m RANK 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFIC OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY CAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-۵ ebout home, hrm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from that I last saw the n., from the causes and on the date stated above. 19.5 and that death occurred at deceased alive on 23 SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-248 DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, BEMOVAL (Specify) 0200 RECEIVED ANT REGISTRAR'S 25. FUNERAL DIRECTOR VS 150



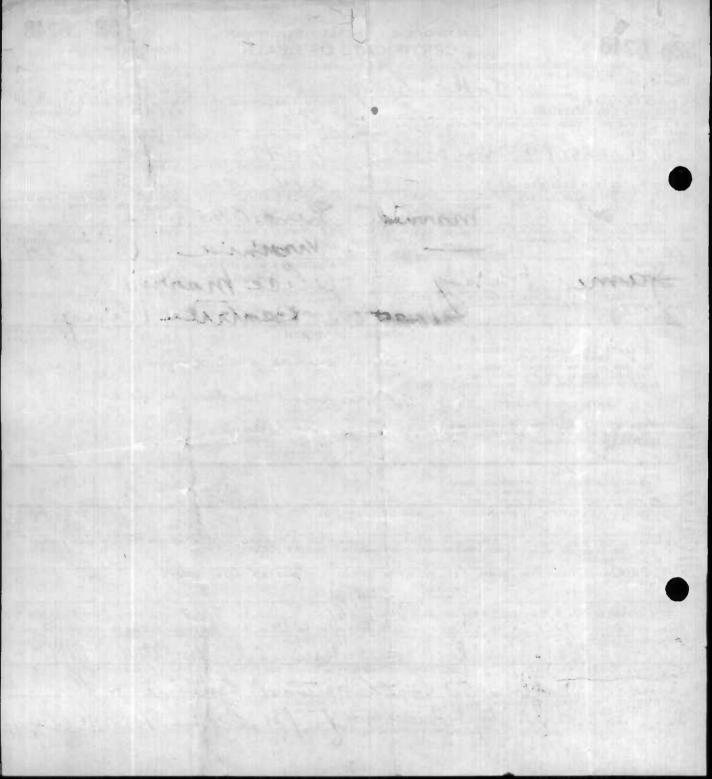
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6747

_B	IRTH NO.			,
	SEUNANT HALL		2. DATE 7	18/52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived. If i	nstitution: residence before admission)
B. H	FULL NAME OF (If not in hospital or institution, give street address or	CITY OBTOWN (100)	utside corporate limits	, write RURAL and township)
6	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If ru	iral, give location)	ind off.
D,	male Black WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-1-127, 1895	9. AGE (in years if last birthday) Mor	Under 1 Year II Under 24 Hours https: Days Hours Min.
WOI	k done during most of working life, even if retired life and the Curtillar Ry	11. BIRTHPLACE (State or fore	Va. 19	12. CITIZEN OF WHAT COUNTRY?
	Edward Gatlin	E A COL	COVE	E.
(Y	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) SECURITY NO. 12	JW MAN	rec & 3	DOSTEND
	18. 170 X CAUSE 0	F DEATH	9 3/	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	imm 1 Baco	at a hatastay	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	D		7.4.
	ANTECEDENT CAUSES		4	
Z	DISEASES OR CONDITIONS IF ANY, GIVING	,		
ATI	UNDERLYING CONDITION LAST.			
FIC	(C)	*		******
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	*		
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreet, office bidg., etc.		in Baltimore City, g	ive exact location)
Ź	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED TINJURY WHILE AT NOT WHILE AT WORK	7		
1	22. I hereby certify that I attended the deceased from deceased alive on DOA, 19, and that death occurred as SIGNATURE	2 52 . 19 . to 7	18 52 19	, that I last saw the
	deceased alive on DOA , 19 , and that death occurre	causes and on th	e date stated above.	
	Deorge 13. ommer M.D.	University Hr	osb.	7 21 92
TI	AA. BURIAL, CREMA 24B. DAYE N. REMOVAL (Specifys) 7-227 AUX AUX AUX AUX AUX AUX AUX AU	affermany 1	Dalls .	
L L	ogal registration Williams MZ	PARTIES TO THE STATE OF THE STA	-139W, H	MYSHIS ST
	Vo 150			

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	520			50	0140
5/	67.48		E OF DEATH	Registered No	67.48
	NAME OF DECEASED	TAH Kina		2. DATE 0F 7-17-	52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institu	ution : residence before admission)
H	OSPITAL OR ISTITUTION	al or institution, give street address or location)		outside corporate limite, vri	RUKAL and give township)
	University	Hospilac Yrs.	D. STREET ADDRESS (If a	rural, give location)	
5	ength of stay in Baltimore SEX 6. COLOR OR RACE	Mos. Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH	een 57	Vene i if theta 24 hama
	MIC	WIDOWED, DIVORCED (Specify)	June 1899	Jast birthday) Months	
worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY			VHAT COUNTRY
13	FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED		17. INFORMANT	ADDRE	ss
	ONR	security No.	928 Bank	the Kin	9.
	DISEASE OR CONDITION E	/ /	OF DEATH		NET AND DEATH
	(This does not mean the mode of heart failure, asthenia, etc. It mean	dying, e.g.,	watton acid	dris	UNK
	injury or complication which caused death.) DUE TO				
N O	DISEASES OR CONDITIONS, IF	(B)	liver		******
ATI	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	STATING THE DUE TO	2 milary	The state of the	
LIFIC					***************************************
ERTI	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT NO THE DISEASE OR CONDITION	NOT RELATED			
LC		B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA	21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g.,		f in Baltimore City, give ex	xact location)
ME	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,			
K	FINJURY (Month) (Day) (Year) ((Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
	22. I hereby certify that I atte		16/ 195? to 7	//7 , 195, Tha	t I last saw the
	deceased alive on 7/17	, 19 S and that death occur	rred at hm., from the	te causes and on the day	te stated above.
22	TA. BURIAL, CREMA- 24B. DATE	M. D.	ERY OR CREMATORY 248. LO	CATION (City, town, or cou	inty) (State)
TI Y	ON, REMOVAL (Specify)	and the sale	1 4 0 0	- Me ! -	
	surral prings	2-Ud Batto	netronal Be	will ma	
L	ATE RECEIVED BY REGISTRAR'S	SIGNATURE.	25. FUNERAL DIRECTOR	ADD ADD	RESS
D. L.	ATE RECEIVED BY REGISTRAR'S POCAL REGISTRAR THE PROPERTY OF TH	signature gton Williams Ma	25. FUNERAL DIRECTOR	ins 1575M	RESS Elduy

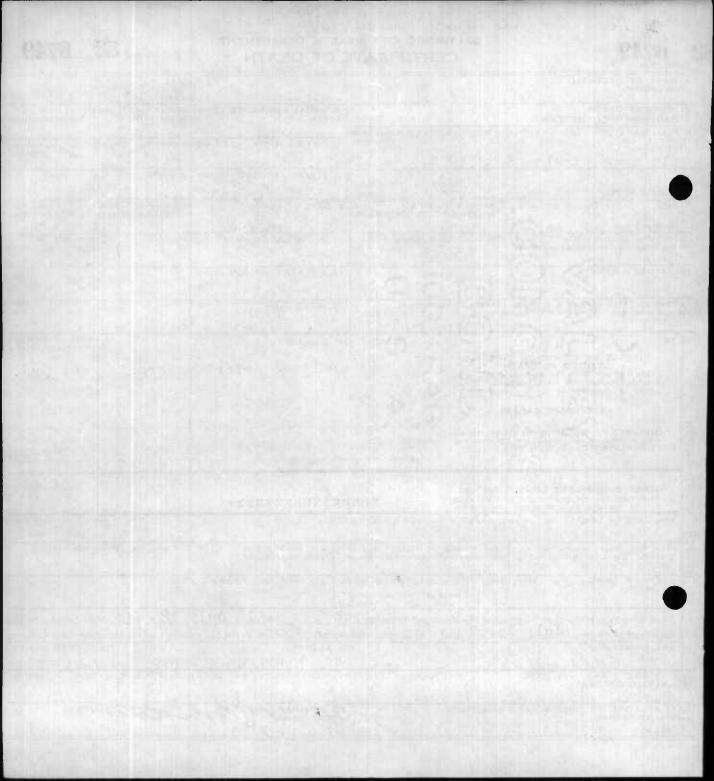


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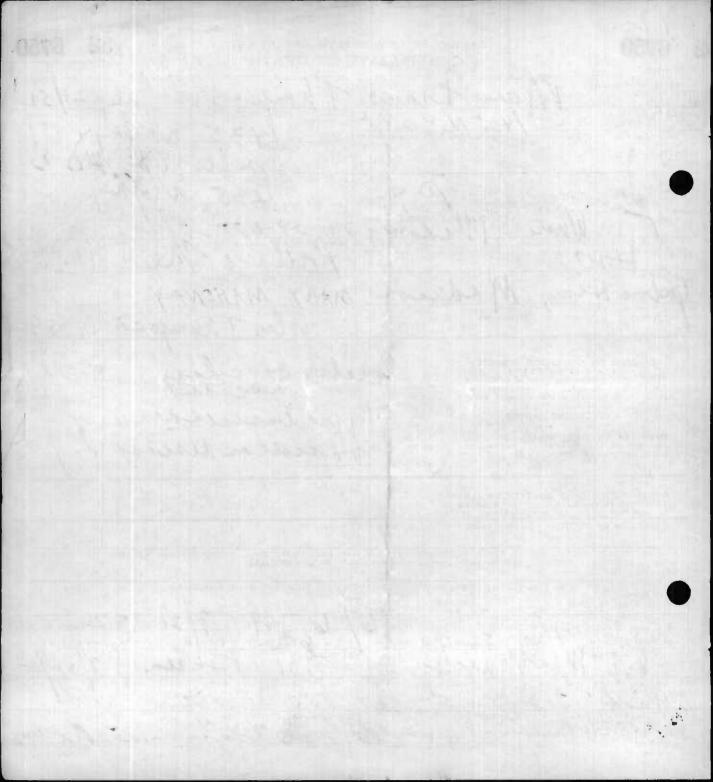
CERTIFICATE CORRECTED ____8-13-52-BALTIMORE CITY HEALTH DEPARTMENT

6749

BIRTH NO.							
1.	NAME OF DECEASED 2. DATE						
(1	Josephine (Macuilis) Ma			czylicz	DEATH July	18.1952	
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE A. STATE	CE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate limits,	Aite ROPAL and give township)
	Ellinge	r Nursing	Home, 1	913 EutawPl	Bal timore	10	township)
				Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
		tay in Baltimore		rs Days	1720 E. Pratt St.		
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mon	ths Days Hours Min.
	Female.	White	Wid		Sept 15,18) 3
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	2. CITIZEN OF WHAT COUNTRY?
_	Housewi				Poland		U.S.A.
13	. FATHER'S N	IAME			14. MOTHER'S MAIDE	EN NAME	
_	Pete				Unknown		
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	No			214-12-408	l Mr. Elling	er,1913 Eutaw	P1.
	18. 450	.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				ONOET AND DEATH
	(This does not mean the mode of dying, e.g., (A) generalized arteriosclerosis					sev yrs.	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
z							
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO						
N.	UNDERLY	ING CONDITION LA	ST.		***************		
FIC							
RTIFICATION	OTHER S	IJ IGNIFICANT CONDI	TIONS COM				
CEF	TRIBUTING	TO THE CEATH, BUT	NOT RELATE	ত জীক্ষ	ukikuxxuixei	ex	
		A		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0			1 C/110 E S. R.		YES NO
EDICA	CAUSE OF DEATH				ve exact location)		
Σ	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
6 7/1/2 \ (07/)							
					July 18 1952	that I last saw the	
					date stated above.		
					23c. DATE SIGNED		
					2431 MARYLAN	ID AVENUE2	7-21-52
2. TI	AA. BURIAL, O	DREMA. 24B. DATE	1 2	24c. NAME of CEMETE	RY OR CREMATORY 2	40. LOCATION (City, town, o	r county) (State)
	Burial	July 2	2.1952	Holy Rosar	Cemetery	Germanhill Rd.	Balto
	ATE RECEIVE		S SIGNATU		2 FUNERAL DE	mutur	DDRESS
	10.11	05 the tiest	our Wil.	liques Met of	David R. Mar	tin 1902 Eutav	
	VS 150						



1	512		
5	6750	BALTIMORE CITY HEALTH DEPART CERTIFICATE OF DEAT	
1.	NAME OF DECEASED Type or Print)	2.1	2. DATE OF OF
	PLACE OF DEATH:		DEATH DENCE (Where deceased lived, If institution: residence
В.	Baltimore City, Maryland '44' FULL NAME OF (If not in hospital or in OSPITAL OR	A. STATE Institution, give street address or location)	435 " Rygy Tore artiston)
	NSTITUTION _	c. CITY OR TOY	(If outside corporate Units, write RURAL and give township)
	anoth of stay in Politican	70 4 Mos. D. STREET ADDR	RESS (If rural, give location)
	SEX 6. COLOROR RACE 7. S	NGLE, MARRIED 8. DATE OF BIRT	9. AGE (In years) II Under Year II Under 24 Hours last birthday) Months; Days Hours Min.
10	DA, USUAL OCCUPATION (Give bind of 10B	Vidored Por 79-	1823 78
wor	done during most of working lip, even if retired)	INDUSTRY PALL	(State or foreign stuffry) 12. CITIZEN OF WHAT COUNTRY?
1:	STATHER'S NAME	14. MOTHER'S M.	AIDEN NAME
1: (Ye	WAS DECEASED EVER IN U. S. ARMED FOR (If yos, give war or dates of serv	ES? 16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
		The second	4 Thompson 1435 gm
	18. 443X DISEASE OR CONDITION DIRECT	CAUSE OF DEATH	INTERVAL BETWEEN' ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease.	selly such
	injury or complication which caused ANTECEDENT CAUSES	death.) DUE TO	= use and in
Z O	DISEASES OR CONDITIONS, IF ANY,	GIVING (B)	THE COURT OF THE
CATI	RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	(C)	Con Users 1 15
RTIFICATION	11		The second secon
CER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED	
AL	19A. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPERATION	20. AUTOPSY?
EDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about	B. PLACE OF INJURY (e. g., in or 21C. WHERE I home, farm, factory, street, office bldg., etc.) INJURY OCCU	
Σ	D. TIME (Month) (Day) (Year) (Hour INJURY	21E. INJURY OCCURRED 21F. HOW DIE	NJURY OCCUR?
		m. WHILE AT NOT WHILE	0 1/2
	deceased glive on 19. 19		to 19, 19, that I last saw the from the causes and on the datc stated above.
	23A. SISNATURE	M. D. 23B. ADDESS	Buren 23g DATE SIGNED
	AA. BUWAL, OREMA- 248. DATE	24C. NAME OF CEMETERY OR CHEMATORY	24D. LOCATION (City, town, or county) (State)
10	ATE RECEIVED BY REGISTRAD SIG	NATURE 25. FUNERAL DIF	REETOR ADDRESS
	JUL 21 1952 Tuntington		Martinen 1639 Browling
	VS 150		



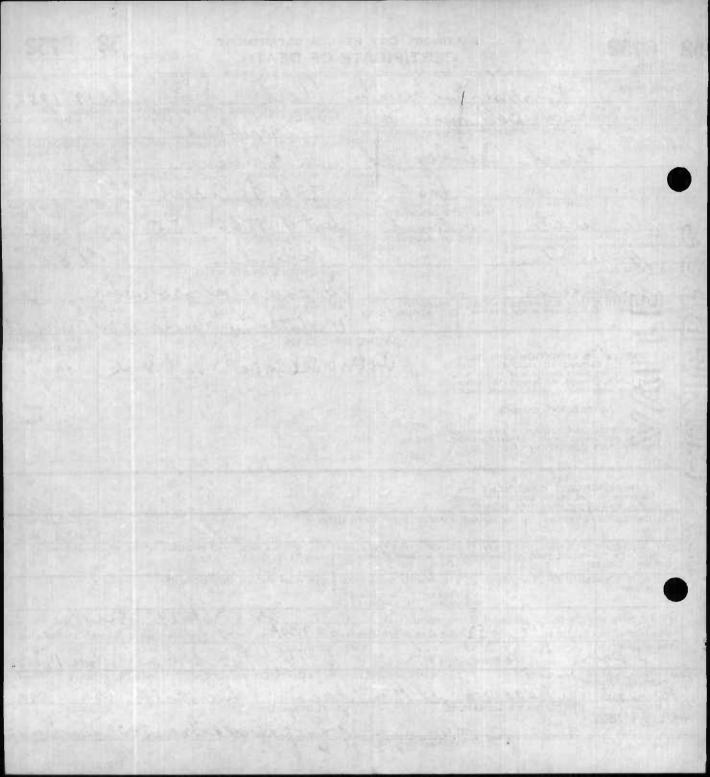
11	135				
2	Cm51 B	ALTIMORE CITY HE	ALTH DEPARTMENT		OWEA
BII	RTH NO.	CERTIFICATI	E OF DEATH	Registered No	6/31
1.	NAME OF DECEASED	McKim es	mou!	2. DATE. OF DEATH	1-713/2
	PLACE OF DEATH: Baltimore City, Maryland // W	indawa Rd	4. USUAL RESIDENCE (V		stitution: residence before admission
В. І	SPITAL OR (If not in hospital or instit	tution, give street address or location)	ma	12al	es cile
	STITUTION	Lames	C. CITY OR TOWN	outside corporate limits	write RURAL and give
		Yrs.	D. STREET ADDRESS (If	rural, give location	
-	ngth of stay in Baltimore CX 6.COLOR R RACE 7. SING	Mos. Days	1/Wence	overca	4-1
2	wall while Si	WED, DIYORCED (Specify)	FeH25/1880	last birthday) Mont	der I Year H Under 24 Hours ha Daya Hours Min.
work	done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	LI. BIRTHPLACE (State or f	oreign country)	WHAT COUNTRY
13	FATHER'S, NAME	NONE	14. MOTHER'S MAIDEN N	AME	4.2.
6	Elle cordon		annes ar	misting	
15 (Yes	was beceased ever in U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17 NEORMANTE	1 10) 10	plss
-	18. 122.1	CAUSE	OF DEATH	124-1100/1120	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL		+ 12	7.11	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disc injury or complication which caused des	ease,	brioselevotic (endis Uscules	Desine
	ANTECEDENT CAUSES	iii.) Doz 10			
Z	DISEASES OR CONDITIONS, IF ANY, GIV	(B)			
ATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			HARALEM I
임.		(C)		•••••••••••••••••••••••••••••••••••••••	
RT	OTHER SIGNIFICANT CONDITIONS C				
CE.	TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING	1T	,		
AL.	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e	n or 21c. WHERE DID (btc.) INJURY OCCUR?	If in Baltimore City, giv	e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
E.	m.			1.6.	
	deceased alive on the 1 attended the	to accomon from		he causes and on the	
	23A. SIGNATURE	De le 2	3B. ADDRESS D		23c. DATE SIGNED
24	A. BURIAL, CREMA- 2AB, DATE	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town for	county) (State)
TIO	A. BURIAL, CREMA- LY DEMOVAL (Specific)	Lucusto	druk- 1	3 Mlmm	11
DA	TE RECEIVED BY REGISTRAR'S SIGNAL	TURE	28 FUNERAL DIRECTOR	The state of the s	DDRESS
	UL 27 1952 Huntington	VH: Due 110	Luvanma	sulo red	120:
	VS 150 1302	1,17	5710		

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BALTIMORE CITY HEALTH DEPARTMENT

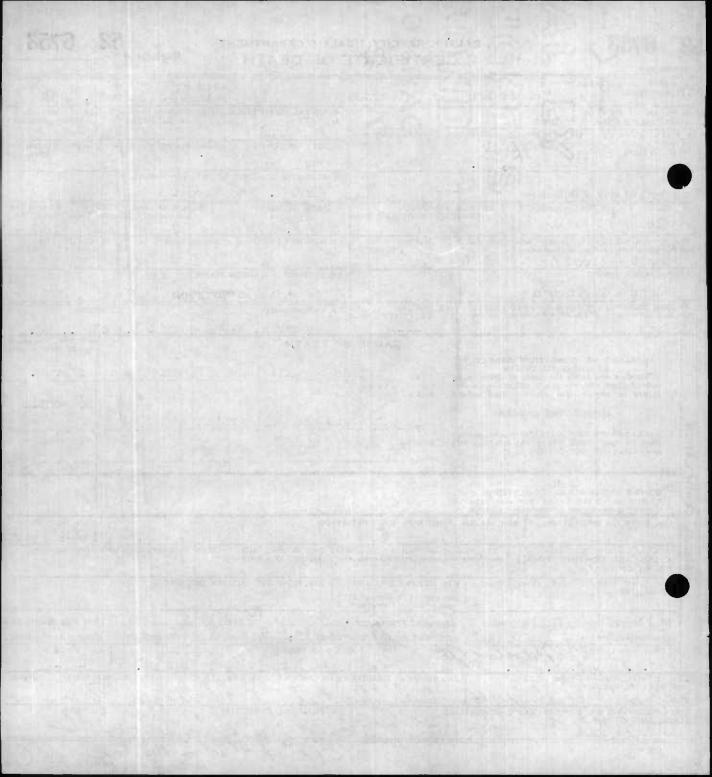
Registered No. 6752

В	RTH NO.	E OF BEATH				
(T	NAME OF DECEASED Rosalia Kolkowske	Cork 2. DATE OF DEATH July	19 1952			
	PLACE OF DEATH: Baltimore City, Maryland Baltimore — md	4. USUAL RESIDENCE (Where deceased lived, If ist	tution: residence before admission)			
В.	FULL NAME OF (If not in hospital or institution, give street address of logition					
IN	STITUTION 77/ 1 Car Sea II	C. CITY OR TOWN (If outside corporate limits, w	township)			
	Yrs.	D. STREET ADDRESS (If rural, give location)	2.1			
6.	Length of stay in Baltimore Mos.	M21 8 P. D. ST				
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years I Under	1 Year If Undar 24 Hours			
1	male white widowed	Sept 4 1866 85				
Avorl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTR	Y D C 11/BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.a.			
1		J. MOTHER'S MAIDEN NAME				
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDR	L.			
(Ye	, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	m. P. t m. 1: 721	P. D. H			
	18. 45 5.1 CAUSE	OF DEATH	INTERVAL DETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	1'n cal 1: 011 Air	ONSET AND DEATH			
	(This does not mean the mode of dying, e.g.,	no ocens re vivose	10 gg			
	heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO					
	ANTECEDENT CAUSES					
ON	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************			
FA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
FICAT	(C)					
RTIF	OTHER SIGNIFICANT CONDITIONS CON-					
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
J	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?			
CAI			YES NO			
IEDICA	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give instead of the control of the co	exact location)			
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?				
L	m. WHILE AT NOT WHILE AT WORK AT WORK					
	22. I hereby certify that I attended the deceased from	, 1937, to July 19, 19521	nat I last saw the			
deceased alive on 14, 19 5 and that death occurred at 1.20 Am., from the causes and on the date s						
	23A. SIGNATURE (. mockernial M.D.)	6714 Atohra and	July 19,1952			
TI	A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMET	TERY OR CREMATORY 24d. LOCATION (City, town, or	(State)			
-	Burial July 22/953 St Stani	25. FUNERAL DIRECTOR AD	re ond			
4	CAL 12 dis 18 18	20 2 M 1 1	5/ / /			
=	The trigton 19 Him & 182	John J. Wildavac 2829	Hudson O			



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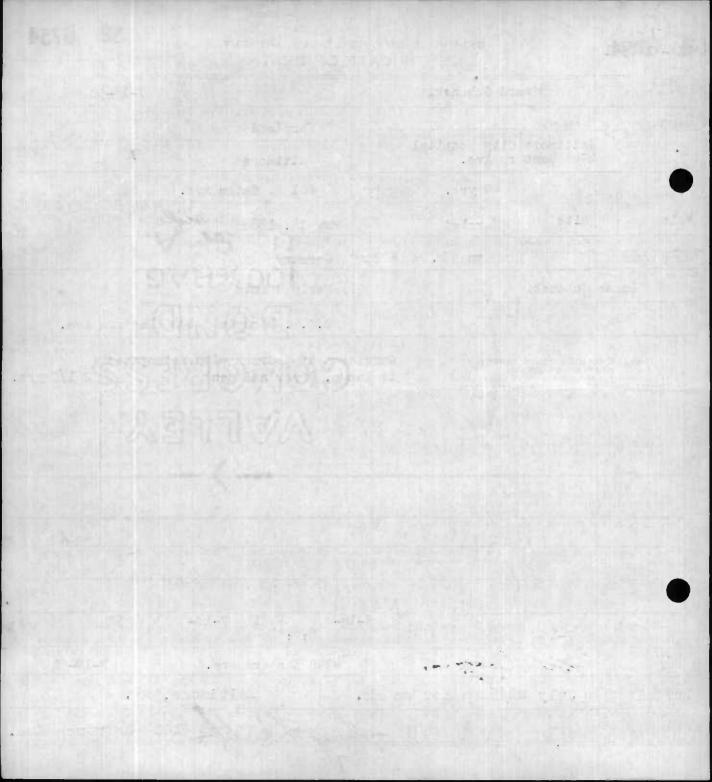
2	6753	3			EALTH DEPARTMENT		6753
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	Registered No.	
1. (T)	NAME OF D		rt Benja	amin Dickerson		2. DATE OF July 2	20, 1952
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (W		titution: residence before admission)
B. HC	FULL NAME			on, give street address or location)	I	outside corponate limits v	riv RYRAL and give
IN	STITUTION	Baltimore 11			Baltimore	16	township)
			3 4250	Yrs.	D. STREET ADDRESS (If r		
c.	Length of s	tay in Baltimore		Mos. Days	100 W. 28th S		
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If Und last birthday) Month	ler I Year H Under 24 Hours
	Male	White		arried	July 4, 1900	52	
		CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
		luardsman	US CG		Alabama		USA
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	T. NEW LIE
	Joseph	Dickerson			Estella Va	isden	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
1	Yes			SECORITI NO.	Records, USPH	S Hospital, Ba	lto. Md.
	18. 164	· V		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION					ONSET AND DEATH
	(This does	LEADING TO DEAT	l'H f dy i ng, e.g	. (A) Carci	noma right lung w	ith extension	approx.
	heart failt	ore, asthenia, etc. It mea complication which	ns the disease	e,			***************************************
	111,017			.,			6 months
		ANTECEDENT CAUS	ES	to he	art and pericardi	um	
Ó		S OR CONDITIONS, I			***************************************	······································	***************************************
F		THE ABOVE CAUSE (A) YING CONDITION LA					
RTIFICATION				(C)		***************************************	***************************************
브		11	191100				
ER		SIGNIFICANT CONDI					
Ü	TO THE D	ISEASE OR CONDITION	CAUSING 1	т			
1	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
V	214 ACCIE	DENT WAS UNDER-	l 21a PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID (I	f in Baltimore City, give	YES NO L
AEDICA		R CONTRIBUTING		arm, factory, street, office bldg.,		an Dunmart Conf. gr	
1	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INSORT		m.	WHILE AT NOT WHILE			
	22. I herel	ou certify that I att		deceased from Jun	. 25 . 19 52 to Ju	ly 20 , 1952,	that I last saw the
		live on July 20		and that death occur	rred at 12:40 m., from th	he eauses and on the	date stated above.
	23A. SIGNA	TURE MALI	deer		38. ADDRESS US PHS HO		23c. DATE SIGNED
	J.A.H	unto Tr. Sr	Surre		Wyman Park Drive 8	31st St.	7-21-52
12. 11.	BURIAL.	CREMA-I 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or	county) (State)
I E	ATE RECEIVE	D BY REGISTRAR	S SIGNATI	ruglon	28. FUNERAL DIRECTOR	and the	DDRE83
L	JUL 21	TRAR A	igton	Williams At	Lett flower	Tous Som	Co.
	Vs 150		0	(9591/	1300-4 W	The nator	= 00
	water to the same			13 88 (washing "	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	6754
Registered	No.	

1. NAME OF DECEASED 2. DATE Edward Gubanski (Type or Print) 7-18-52 OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: pesidence 3. PLACE OF DEATH: A. STATE vland A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimore City Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION "astern Ave. Baltimore D. STREET ADDRESS (If rural, give location) 49 yrs. 601 S. Caton Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | H Under I Year | H Under 24 Hours | Age | Hours | Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) Mala May 18, 1888 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired. oud on Pk.Cemetery WHAT COUNTRY? Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucas Gubanski Marie Berntz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. B.C.H. Records 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Carcinoma of pharynx with metaspases DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) to lungs, liver and neck heart failure, asthenia, etc. It means the disense, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK WORK 5-16-, 1951 to 7-18-. 19 52 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 7-18-, 1952, and that death of and that death occurred at 8:P: m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. 7-19-52 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) TION REMOVAL (Specify Baltimore, Ma. Loudon Pk. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR to 41.01 Edmondson Ave. VS 150

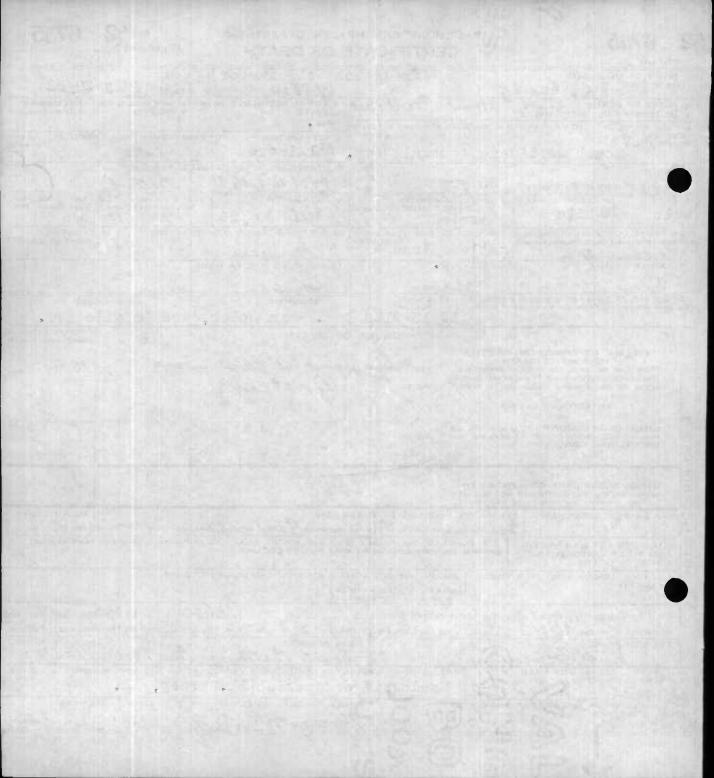


2 0/15	45	1
BIRTH NO.		
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S2 6755
Registered No.

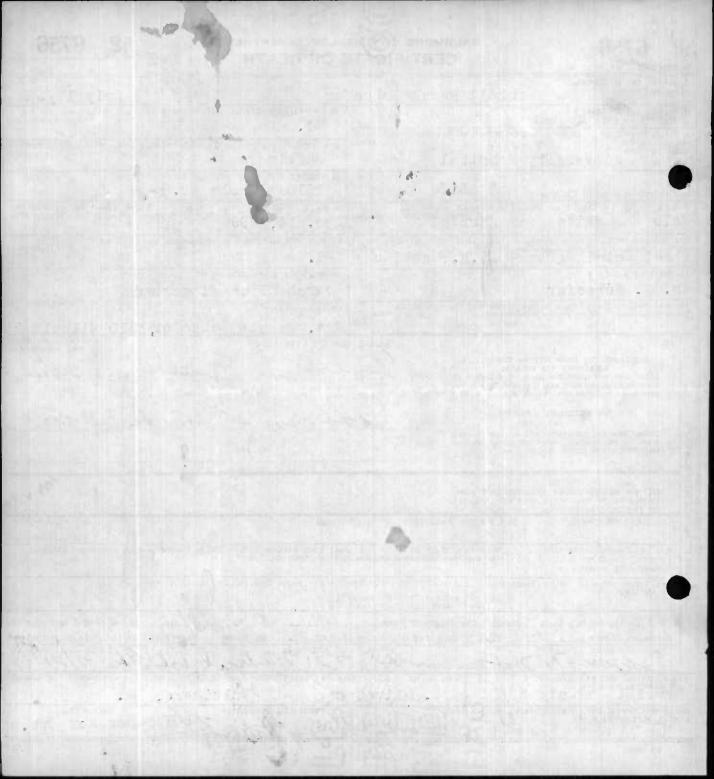
BI	RTH NO.										
(T	NAME OF D ype or Print)	7REdERIC	K			Wollenwell WEDSR	oer)	2. DATE OF DEATH	uly	20/52	
3. A.	PLACE OF D Baltimore (EATH: South	Baltimas	E GEN/Ho.	A.	USUAL RESIDEN	CE (Whe	B. COUNTY		tution : residence before admissio	n)
B. H	FULL NAME	OF (If not in hospit	al or institution	, give street address locati		CITY OR TOWN	(lf or	tside corpor te	mits w	ite RUIIAL and gi	VE
IN	STITUTION	outh Baltin	nore Ge:	neral Hos		Baltimore	(4	9	townshi	
				Yr		STREET ADDRESS		ral, give location	1)		
		tay in Baltimore	35 yr		ys	4408 La Sal		Ball	56		
m. ec.	ale	White	7. SINGLE, WIDOWEI	D, DIVORCED (Spec		July 27	/96	9. AGE (in year last birthday)		Days Hours Mi	
		CUPATION (Give kind of of working life, even if retired).		_ INDUST		. BIRTHPLACE (Sta	te or fore	ign country)	12.	CITIZEN OF WHAT COUNTR	Y?
-12	Restau	rateur	Rustles:			German	ny				
13	FATHER'S	NAME *	JUGGIL O	Rest.	14	MOTHER'S MAIL	DEN NAM	1E			
15	HENRY	ED EVER IN U.S. ARMEI	The FORCES?	16 SOCIAL		douse					_
		(If yes, give war or date		9 16 9139).	s. Emma We	aham	1109 To	ADDE		
_	18. 11L1L	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WIL			DEATH	aner,	TTOU DO	L Look	INTERVAL BETWE	EN
	177	SE OR CONDITION	DIRECTLY	OAGS					y) III	ONSET AND DEA	TH
		LEADING TO DEA	TH	(A) Base	-	ous Cell Ca	neces	coma		18 ms.	
	heart failu	re, asthenia, etc. It mea	ins the disease,	DUE TO		ous Cell Cas	et.				
		ANTECEDENT CAUS	SES			1	ny				
Z	DIGENOR			(8)	***********	. *************************************		• • • • • • • • • • • • • • • • • • • •			
5	RISE TO T	S OR CONDITIONS, I	STATING THE	DUE TO							
FICATION	UNDERL	YING CONDITION LA	451.	(C)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		•••••			
E		11							10		
CERTI	TRIBUTING	GIGNIFICANT CONDI G TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED								••••
			198. MAJOR F	INDINGS OF OF		// /				20. AUTOPSY	
CAI	4/2	3/52 2/3				omal/ mala		wolving	andel	EYES NO	
MEDICAL		DENT WAS UNDER PROPERTY OF THE		E OF INJURY (e. n,factory,street,office bl		21c. MHERE DIE INJURY OCCUR:	7	in Baltimore C	ity, give	exact location)	
2	21D. TIME F INJURY	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCU	RRED	21F. HOW DID I	NJURY	OCCUR?			
L				ORK NOT WH			2007		352		
	22. I hercb	y certify that I at	tended the de	eceased from		, 19,	to 7/	20 ,1	9.53 ti	hat I last saw	he
		live on 7/19/52			curre	1 at 5 A m., f	rom the	causes and	m the o	late stated abo	ve.
	23A. SIGNA	TURE	CAN'S			ADDRESS	4	40014		7/20/52	D
2	4A. BURIAL,	CREMA- 24B, DATE	vacy					EATION (City, t			e)
TI	ON REMOVAL (S	Specify) Luly 3	/-	Meadoweid				rsey. 1		10000000	
6	ATE RECEIVE	D BY REGISTRAR	SIGNATUR	E . /	25			11		DRESS	
九	GEAL REGIST	52R 4 Munt	ington V	Velliacus A	1	way The	120	1/ce 111	016	Smouth	2
=	VS 150	1	0	in the ve	6	9	(7	-, -		
				29	06	19	PH			6	7



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CERTIFICATE OF DEATH

BI	RTH NO.						
	NAME OF D 'ype or Print)		shall	Frank Schae:	fer	2. DATE OF DEATH	July 18/52
Α.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived. B. COUNTY	. If institution: residence before admission)
H	FULL NAME DSPITAL OR ISTITUTION	Iniversity I		ion, give street address or location)		If outside corpolate	mits, write RVRAL and give township)
		stay in Baltimore	L	ife Yrs. Mos. Days	D. STREET ADDRESS (I		
	ale	White		E. MARRIED. PED DIVORCED (Specify)	B. DATE OF BIRTH Dec. 14,1899	9. AGE (In years last birthday)	Months Days Hours Min.
worl	neet Me	CCUPATION (Give kind of of working life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	. FATHER'S			Sheet hetil ha	14. MOTHER'S MAIDEN		
_		chaefer		(1)	Sarah Ellen	Zimmerman	
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Mrs. Fannie S	chaefer 18	10 Wilhelm St
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO T	SE OR CONDITION LEADING TO DEA's not mean the mode of the complexition which complexition which complexities of the comple	FANY, GIVIN STATING TH	DUE TO	of death	Line	ONSET AND BEATH
CERT	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
AL	19a. DATE	OF OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)
	IO. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE AT AT WORK		Y OCCUR?	
		ny certify that I att live on 1/4 TURE	ended the	deceased from and that death occur	195/, to red at 2 m., from 3B. ADDRESS		that I last saw the the date stated above.
24 TI8	BURIAL.	CREMA- 24B. DATE	152	Mt. Olivet		timore, Md	
L	ATE RECEIVE DCAL REGIST JUL 2	1952 Hunt	SSIGNATU	14/1//	FUNERAL DIRECTOR		address nondson Ave.
	VS 150		0	19130	= 0 / 5 3	0	



	2 6757
ı	BIRTH NO.
١	1. NAME OF DECEAS (Type or Print)
ı	a. Baltimore City, 1
ı	B. FULL NAME OF

information

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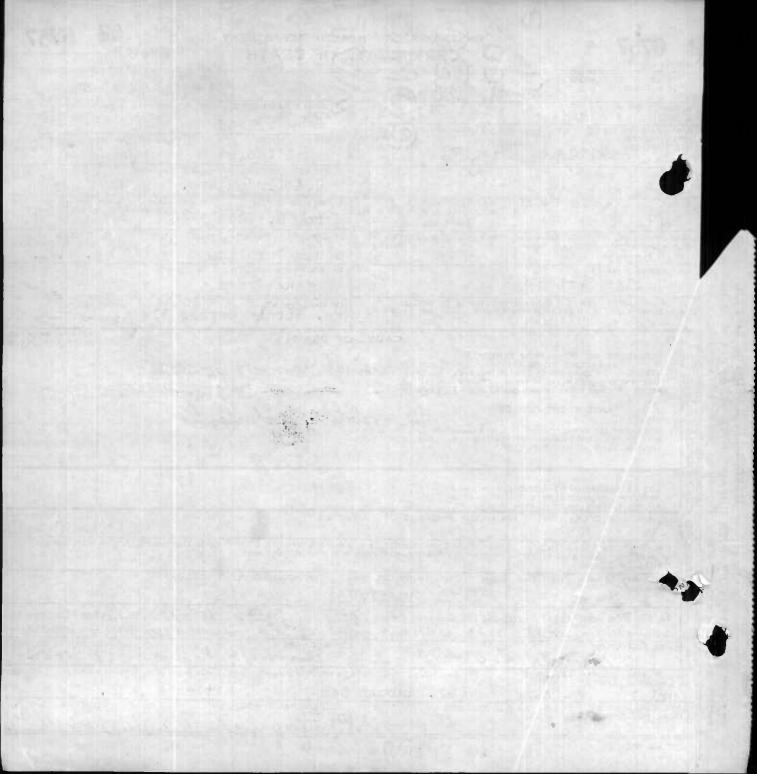
MARGIN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No SED 2. DATE OF Samuel DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate in its, write RER and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 904 Linden Ave. igth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 5. SEX 7. SINGLE, MARRIED H Undar I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) March 8.1904 married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U. S. A. South Carolina Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Barber Jane Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Irs. Birdie Barber 319 W. Preston causes INTERVAL BETWEEN 023X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY gebildic endanteritis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: FICA (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. DICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING PLAINLY, ecially import CAUSE OF DEATH NTIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 1952 to 7-20 , 19 52 that I last saw the 22. I hereby certify that I attended the deceased from_ Im., from the causes and on the date stated above. 19 52 and that death occurred at_ deceased alive on 7-20 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) AC. NAME OF CEMETERY OR CREMATORY Baltimore . Md. Mt. Auburn Cem Burial 7-24-52 DATE RECEIVED BY 125. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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VS 150



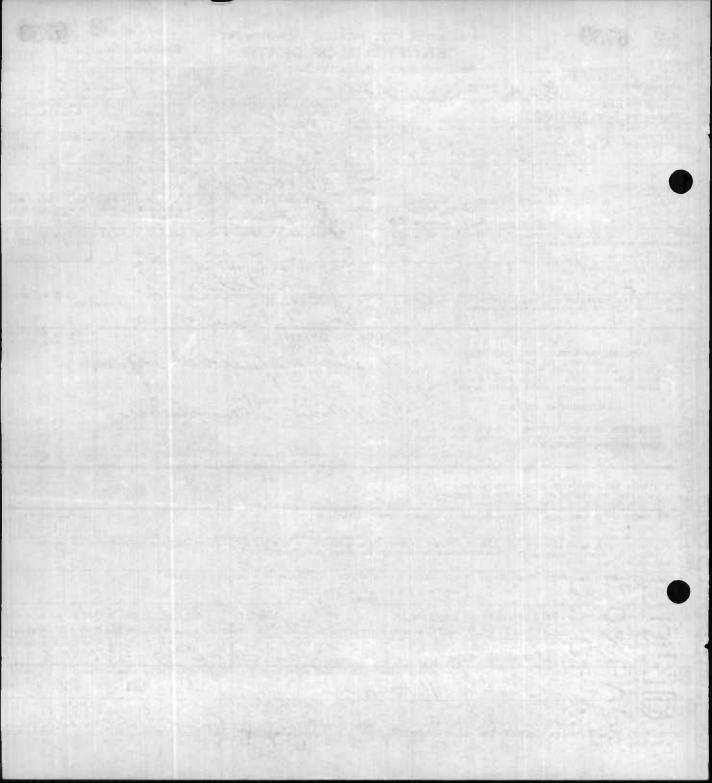
2RTH 6758

BALTIMORE CITY HEALTH DEPARTMENT

1	C-160 HTR	0		CERTIFICATI	E OF DEATH		
1. (T	NAME OF E		ssie M	lerrick		2. DATE OF JU	ly 19,1952
	PLACE OF E	City, Maryland			4. USUAL RESIDENC	E (Where deceased lived. B. COUNTY	If institution: residence before admission)
B. HO	FULL NAME OSPITAL OR STITUTION		al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN		nits, write RURAL and give
A	-/	621 N. C	srroll	ton Ave.	Baltimore		-0 (township)
	11 6			Yrs. Mos.		(If rural, give location) rollton Ave	
	Length of S	tay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours
	emale	Colored	Marri	ED, DIVORCED (Specify)	March 24.18	last birthday)	Months Days Hours Min.
10 work	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
	House	wife			Virginia		U.S.A.
13	FATHER'S				14. MOTHER'S MAIDE		
	James 1				Jane Hollan	d	
(Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_					ir. James Me	rrick 621 Ca	rrollton Av
	(This doe heart fail	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mes complication which	TH of dying, e.g ins the diseas	(A) Ch	on com	phritis	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN	(B) DUE TO	no Siler	منده	lughnous
2		SIGNIFICANT COND					
Ü	TO THE	DISEASE OR CONDITION	CAUSING I	т			
AL	19A. DATE C	OF OPERATION 0	9B, MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICAL	ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City	, give exact location)
Ź	ID. TIME F INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE	21F. HOW DID IN.	JURY OCCUR?	
	deceased a	live on 7-18 TURE	-, 19 52	deceased from 6 - and that death occur	38. ADDRESS	om the causes and on	that I last saw the the date stated above. 23c. DATE SIGNED 7 - 2 - 5 2.
40000	A. BURIAL, N. REMOVAL (S Urial	Specify) 7-22-		Arbutus Hem	A Lance Company of the	altimore Co.	
	TE RECEIVE	D BY REGISTRAR	The second secon		MO Janes		ADDRESS 577
1			() ()				

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J. U1.00	E OF DEATH Registered No
1. NAME OF DECEASED KLATZKY, Le	2. DATE OF 7.21.52.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. TTTE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION Server: Workship of the control of the contro	
Cength of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 2610 Cylbura Gre.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
IOA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (You go or unknown) (If you, give war or dates of service) SECURITY NO.	M. INFORMANT ADDRESS
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	urian ilheroxeleroxis.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY The state of the s	
	1954 to 7.21, 1954 that I last saw the arred at 956. In., from the causes and on the date stated above
23A. SIGNATURE Chelminsky M. D.	238. Appress . Haftal 7.21.62.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET. TIOM REMOVAL (Specify) 7-23-42 Regular	u Balto my
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntington Williams Missing Mi	Jack Leurs low - 2100 Eulaw PL
Vs456 1932	106750



-	500		
	1 06 0700	MORE CITY HEALTH DEPARTMENT ERTIFICATE OF DEATH	Registered No.
	1. NAME OF DECEASED (Type or Print)	B GOHEN	2. DATE OF 7-2/-52
	3. PLACE OF DEATH: A. Baltimore City, Maryland /70/4066	4. USUAL RESIDENCE	(Where deceased lived, If institution : residence B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	give street address or location)	(If outside corporate limits, write RURAL and give
	Institution Jemblatt Ac	me balten	ore 13-0 (township)
0	ength of stay in Baltimore	Yrs. D. STREET ADDRESS 67 Days 2432 du	(If rural, give location)
	5. SEX 6. COLOR OR RACE 7. SINGLE, M WIDOWED,		9. AGE (in years f Under Your If Under 24 Hours Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY	or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL IT PAISORMANT	/
1	(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO. 17 INFORMANT	an - Same
	18. 491X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	acute Coron	in infarction
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	1/2
	ANTECEDENT CAUSES	(B) acute Brown	Coprecermonia
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO ,	
ı	A L	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
	TO THE DISEASE OR CONDITION CAUSING IT.	NDINGS OF OPERATION	
۱			YES NO
		OF INJURY (e. g., in or actory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
	2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. FINJURY WHILE	INJURY OCCURRED 21F, HOW DID INJ	URY OCCUR?
	m. wor	RK AT WORK	7/2 D 105 2 that I last any th
	22. I hereby certify that I attended the dec deceased alive on 7 20, 19.52 and	that death occurred at m., from	7/2-0, 192, that I last saw then the causes and on the date stated above
1	23 A. Honstein	M. D. 238. ADÓRESS BU	dle ST 122/52
0			LOCATION (Sty, town, or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTO	OR A ADDRESS A
	JORAL 2 1952 Huntington With	in My talk perce	The 2100 butan 16
	VS 150	2 0//	

president

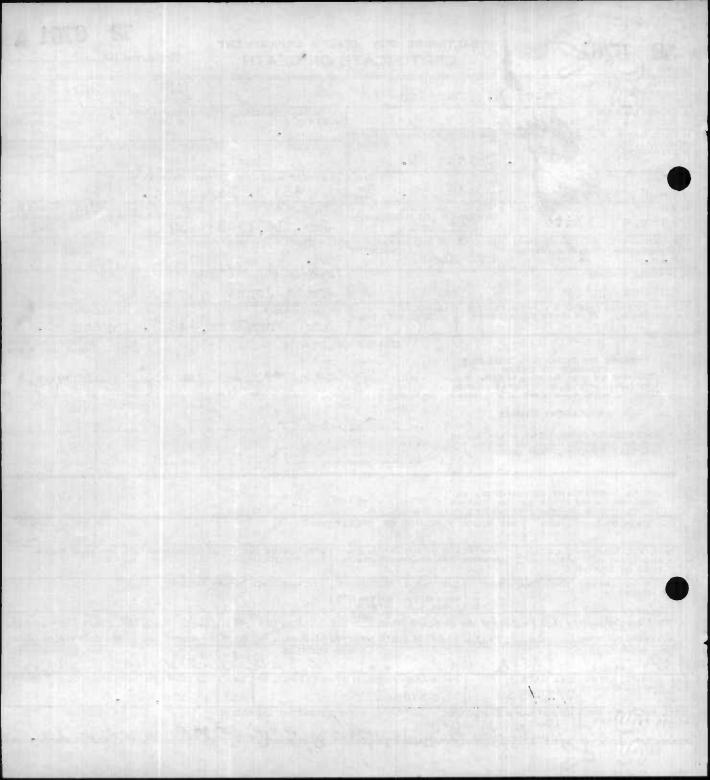
BALTIMORE CITY HEALTH DEPARTMENT

52 6761

52 6761 CERTIFICATE OF DEATH Registered No .__

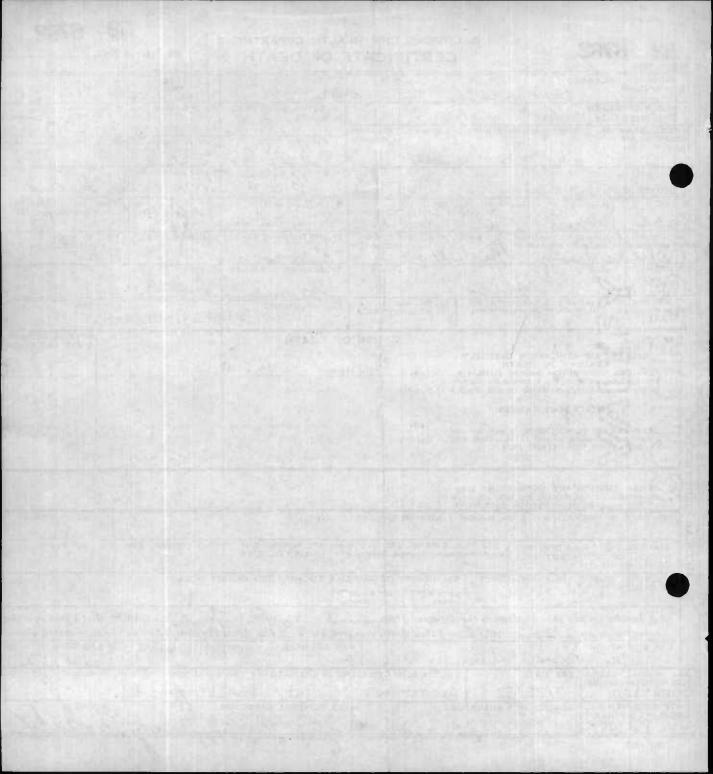
SIATE NO.	
1. NAME OF DECEASED (Type or Print) Mabel A. Frankton 2. DATE OF DEATH July	21/52
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	
HOSPITAL OR	
INSTITUTION 428 S. Payson St. Baltimore C. CITY OR TOWN (If outside corporate limits, v	vrite RURAL and give township)
Yrs. O. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 50 yrs. Mos. Layson St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) if Unit	der 1 Year # Under 24 Hours
remare Married Jan. 14,1902 50	hs Days Hours Min.
work done during most of working life, even if retired) INDUSTRY	2. CITIZEN OF WHAT COUNTRY?
H. W. Own Home Md.	WINT COOKINI
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Mathew Ensey Annie Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	RESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Lorne Frankton, 428 S. Pay	63
18. / 7 / X . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND OEATH
(This does not mean the mode of dying, e.g.,	C
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	September 1
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	

1	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
U all ACCIDENT WAS UNDER 1 215 PLACE OF INJURY (- 1 - 1 215 WIVERE DID. (It is Political City in	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	e exact location)
ip. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID INJURY OCCUR?	
WHILE AT NOT WHILE	
m. work AT WORK	
22. I hereby certify that I attended the deceased from May (, 196, to feely 2), 195,	that I last saw the
deecased alive on 7/2/, 19 82 and that death occurred at 5 a. m., from the causes and on the	date stated above.
	23c. DATE SIGNED
House Wille WA) M.D. 20 30 Willeav W	2/2/2/
24a. BURIAL, CREMA- 24b. DATE 24c. NAME of CEMETERY OR CREMATORY 24d. LOCATION (City, town, or	county) (State)
Burial (Specify) 7/23/52 Loudon Park Baltimore, Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/FUNERAL DIRECTOR A	DDRESS
LOCAL REGISTRAR H 4: + N/4:	
JUL 22 1959 Turtington Williams Marry The shiot 700 Edmonds	son Ave.
VS 150	



620		
BALTIMORE CITY HEALTH DEPARTMENT	52 676	52
52 6762 CERTIFICATE OF DEATH Re	egistered No	
1. NAME OF DECEASED () 2. DAT		0
	TH/Mery 21,/	752
A. Baltimore City, Maryland MG 2 A. STATE B. C.		admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITYOR TOWN (If outside con Institution)	rporate limits, write RURA	
JOHNS HOPKINS HOSPITAL Dallmore		township)
	verly Wo	ry
S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) 8-3-22 29	(In years Under Year If Days H	Unfer 24 liques onrs Min.
10 CUSUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY	WHAT	OF COUNTRY
13/FAITHER'S NAME 14. MOTHER'S MAIDEN NAME	USA	
John Ferris Chinic Rec	ed	
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT JOHNS HOPKINS	ADDRESS HOSPITAL	
18. 705, 5 , CAUSE OF DEATH	INTERVAL	L BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,		
heart failure, asthenia, etc. It means the disease,		
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES		

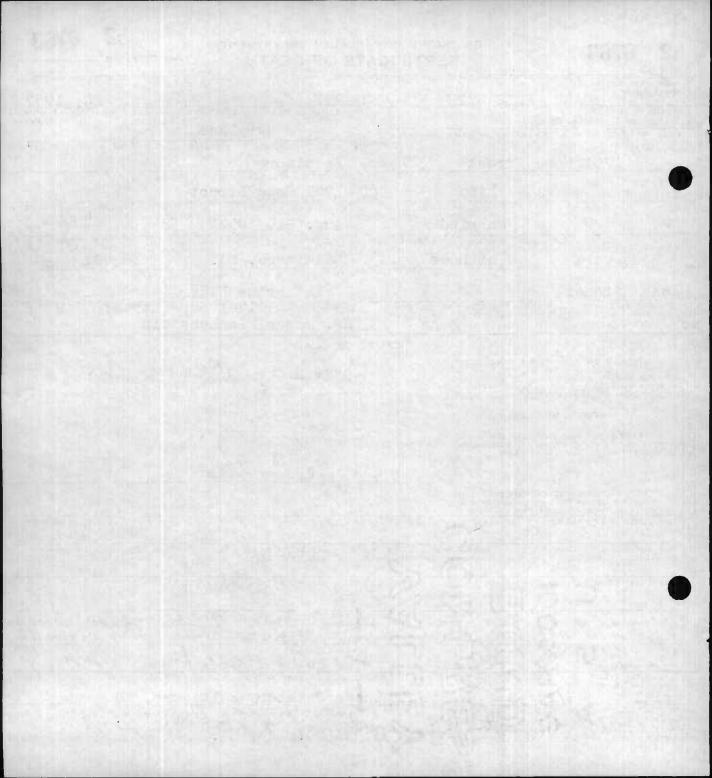
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
TI OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	YES X	TOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	more City, give exact loc	ation)
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR	?	
m, WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from 7 / 8 1923, to 7 / 2/	, 1952, that I las	
deceased alive on 7/2/, 19 52, and that death occurred at 2 - Im., from the causes 23A. SIGNATURE 23A. ADDRESS HOPKINS HOSI	s and on the date stat	
coping source ruman M.D.	1/21/	52
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Cremation 7/22/52 Greenmount Cemetery Baltimor	(City, town, or county)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR LOCAL REGISTRAR HENRY SANDER & SAN	ADORESE	1/
BALTO 13 11D Le	my J. Hall	ar_
Vs 150		



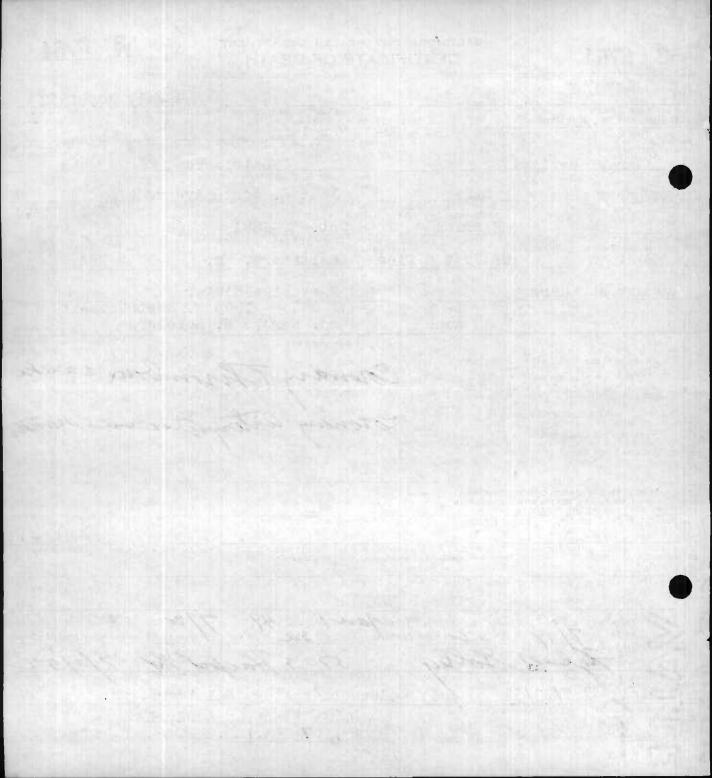
VS 150

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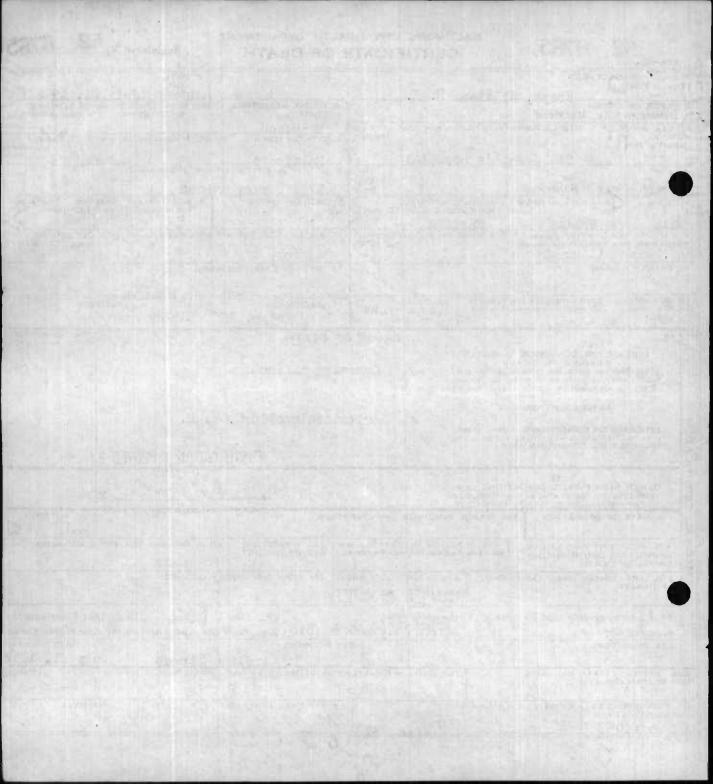
	52 6	763	CERTIFICATI		Registered N	10
	RTH NO.		CERTIFICATI	OF DEATH		
1. (T	NAME OF Daype or Print)	DECEASED			2. DATE OF	
	PLACE OF D	MARY LL	IZABETH FLECKENS	TEIN 4. USUAL RESIDENCE (W		20, 1952
A.	Baltimore	City, Maryland		A. STATE	B. COUNTY	before admission)
	FULL NAME	OF (If not in hospit	tal or institution, give street address or location)	Marylan		
IN	STITUTION	1701 Hope S			outside difforate illinia	s, write RURAL and give township)
		TLOT Wobe 2	Yrs.	Baltimore o. STREET ADDRESS (If)	rural, give location)	1
	Length of	stay in Baltimore	Life Mos.	1701 Hope Stre		
	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		Under I Year II Under 24 Hours nths Days Hours Min.
	F	W	Married (Specify)	Aug. 31, 1893	90	nths Days Hours Min.
#orl	done during most	CCUPATION (Give kind of of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	House	ework	at home	Baltimore, Md.		USA
13	. FATHER'S			14. MOTHER'S MAIDEN NA	ME	FIGURE SHIP
		itchell		Katherine Ba		
(Ye	, WAS DECEAS , no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL es of service) SECURITY NO.	17. INFORMANT 1701		BRESS 2
no			None	Mr. James Flech	censtein	
TIFICATION	(This doe heart failt injury or	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which ANTECEDENT CAUSES OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.	TH Off dying, e.g., (A)	conary O Esty cute Ceptite	Celusur	.7
ERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELATED			
O		OF OPERATION	S CAUSING IT.	ATION		20. AUTOPSY?
AL		0				YES NO
1EDICA	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLACE OF INJURY (e. g., it about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (I te.) INJURY OCCUR?	f in Baltimore City, g	rive exact location)
Σ	D. TIME	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
	INJURY		m. WHILE AT NOT WHILE			
	22. I herel	on certify that I at:	tended the deceased from 7.	18 195 Vto 7	7. 20 195	Lthat I last saw the
	deceased a	live on 7.18	_, 19 D_, and that death occur			
	23A. SIGNA	TURE		3B. ADDRESS	10	23c. DATE SIGNED
	de	anne	Louis M.D.	MelEIMO	5 1	7.71.52
710 TIC	A. BURIAL.	CREMA- 248. DATE Specify)	24c. NAME OF CEMETE		OCATION (City, town,	
<u>b</u>	urial	7/23/5		ws Cemetery Bal		
	TE RECEIVE		s SIGNATURE.	HENRY SANDER	sons, INC	ADDRESS



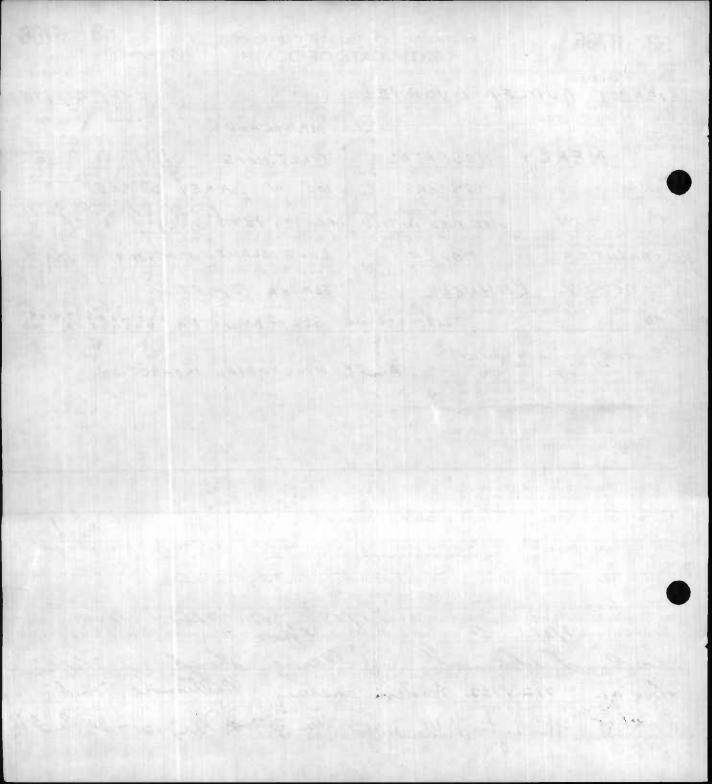
-626					
52 6764			EALTH DEPARTMENT	Registered No.	6764
1. NAME OF DECEA (Type or Print)	OHN A.	BORCHERS		2. DATE OF T. 3 C	2050
3. PLACE OF DEATH	:	DUNUNENS	4. USUAL RESIDENCE (W		stitution : residence
A. Baltimore City, B. FULL NAME OF		al or institution, give street address o		B. COUNTY	before admission
HOSPITAL OR INSTITUTION		location	C. CITT OR TOWN	outside corporate limits,	write RURAL and give
Mercy	Hospita]	Yrs.	o. STREET ADDRESS (If r		00
c. Length of stay in	Baltimore	Life Mos. Days	1805 E. North	Avenue	
M W	LOR OR RACE	WIDOWED, DIVORCED (Specify Married	Oct. 5, 1891	9. AGE (In years last birthday) Mon	nder 1 Year Mundar 24 Rours ths: Days Hours: Min.
10A. USUAL OCCUPA work done during most of working Postman	TION (Give kind of ng life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY US Post Office	Baltimore, Md		2. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
August Bo	rchers	monores I to goods	Mary Eigelding		
(Yes, no or unknown) (If	ves, give war or dute	of service) 16. SOCIAL SECURITY NO.	Mrs. Martha E.		akessue
(This does not r heart failure, ast injury or comp ANTE DISEASES OR GRISE TO THE AB UNDERLYING OTHER SIGNIF	henia, etc. It mea lication which of CEDENT CAUS CONDITIONS, 1 OVE CAUSE (A)	ns the disease, caused death.) DUE TO SES (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	many artery	Ducos	e norder
L	11	(C)			
山 TRIBUTING TO T	HE CEATH, BUT	NOT RELATED			
19A. DATE OF OPE	RATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT, S HOMICIDE (Spe	LUCIDE	Loss Brack of Museum (YES NO
21A. ACCIDENT, S HOMICIDE (Spe	eify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give	e exact location)
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
22. I hereby cert	ify that I att	ended the deceased from Ja	1 110	7/20 , 195	that I last saw the
deceased alive or	7/19	., 19 5 Zand that death occur		ecauses and on the	
234. 3161141614	Bee).	Solley M.O.	5705 Harle	al Rel	23c. DATE SIGNED
24A. BURIAL, CREMA TION, REMOVAL (Specify) DURIAL	7/23/5	24c. MAME OF CEMETE	ner Cemetery Bal	CATION (City, town, o	
DATE RECEIVED BY LOCAL REGISTRAR		S SIGNATURE	25 FUNERAL DIRECTOR		ADDRESS Jandes
VS 150		3359	70	The state of the s	



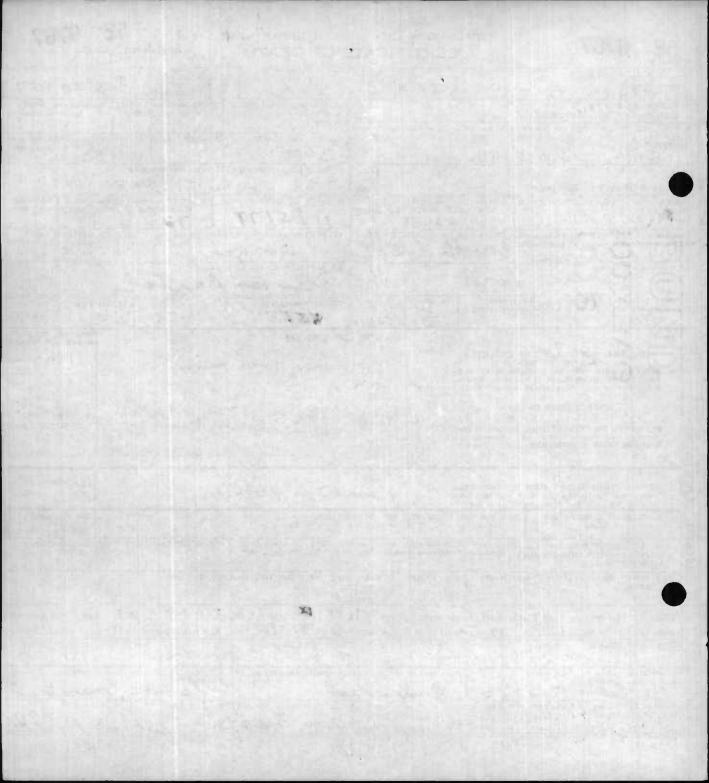
6	0	TO BE AL	PPROVED BY ME	TOTCAT	TYA MILITA AYT		D.O.A		
		52	COLOL OF THE	BA	LTIMORE CITY HI	EALTH DEPARTMEN E OF DEATH	T Registered I	52 0	3765
		RTH NO.			CERTIFICAT	E OF DEATH	Acgistered 1	10,	
	1. (T	NAMÉ OF DI ype or Print)	Freye, V	Villiam	H. K.		2. DATE OF DEATH [11]	v 21. 199	32
		PLACE OF DI Baltimore C	EATH: Sity, Maryland			4. USUAL RESIDENCE		institution ; resi	dence dmission)
	В.	FULL NAME		al or institu	tion, give street address or	Maryland			
		SPITAL OR			location)	C. CITY OR TOWN	(If outside corporate limit		and give
	4	1 100	St. Jos	aph's H		Baltimore D. STREET ADDRESS	County Cal	U	
0		and the second	'- D-14'		Yrs. Mos.		(If rural, give location)		
	5.	SEX	tay in Baltimore	7. SINGL	Days E. MARRIED,	1752 Darley		t Under 1 Year If Ur	nder 24 Hours
	1	607.0	ners . 4	WIDOV	WED, DIVORCED (Specify)	Mar. 16, 1885	last birthday) Mo	onths Days Hou	rs Min.
	10	A. USUAL OC	White CUPATION (Give kind of		ried D OF BUSINESS OR	II. BIRTHPLACE (State o	r foreign country)	12. CITIZEN	OF .
	Re	t. Pipe	(working life, even if retired) Pitter		INDUSTRY	Germany		WHAT CO	OUNTRY?
٠		FATHER'S N			const.	14. MOTHER'S MAIDEN	NAME		
			ens des			district dates			
	15 (Yes	. WAS DECEASE	D EVER IN U, S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS	
1		no			213-01-6242 1	Mary Freye, 1	752 Darley Ave	nue	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic C. V. D. CERTIFICATION APPROVED OTHER SIGNIFICANT CONDITIONS CON-) - BY				
ı	RTIF		II IGNIFICANT CONDI TO THE DEATH, BUT				Rafinha	мп	
	CE	TO THE DI	SEASE OR CONDITION	CAUSING	т	Atmer		_m U.	
а	7	19A. DATE O	F OPERATION 1	9B. MAJOR	R FINDINGS OF OPER	RATION		YES YES	NO X
ı	MEDICAL		ENT WAS UNDER- CONTRIBUTING DEATH	2 1B. PL. about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) 21C. WHERE DID	(If in Baltimore City,		
ı	2	21D. TIME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		IRY OCCUR?		
п	h	22 / Lauch		m. [WORK L. AT WORK	10 40	1111 . 10	_, that I last	4h -
Н		deceased al	y certify that I att ive on	19	Pronounced d	77ed at 8:05 am., from	the causes and on t	–, inai i iasi he date state	d above
Я		23A. SIGNAT		200		238. ADDRESS		23c. DATE	
и				1011	exold M.D.	1100 N. Carolin	ne Street	July 21,	1952
		burial			Holy Redeemen		LOCATION (City, town altimore,	or county) Mary	(State)
		ATE RECEIVED		SSIGNAT	URE	25. FUNERAL DIRECTO	1	ADDRESS	
	11	11 27 10	52 H	ton	NH: 1450	Nm. Gook,	hc. 1217	St. Paul	St.
	31	VS 150	V4 » .	19 5	2019	24 0 2			



2	54										
	-0	CHIC	C	DAI	TIMORE	ITV UEA	LTH DEPARTM	ENIT		52	6766
	52	676	O	DAI			OF DEATH	ENI	Registered		0.00
	RTH NO.				OLIVIA		OI BEATH				
(T	NAME O	ETT	DUDL	EY B	USHN	ELL			OF UU	LY	21, 1952.
	PLACE O		t: Maryland				4. USUAL RESIDEN				
В.	FULL NA	ME OF		tal or institut	ion, give street	address or	MARYLAN	1D			octore administrony
IN	OSPITAL O	IN .	EDON	110	0:50		c. CITY OR TOWN		de corporate lin	nits, write	RURAL and give township)
2	1	19	ERCY	H03	PITAL	Yrs.	BALTIMO!		10	anne (a)	Annual Property lies
	ength	of stay	n Baltimore	40	XEARS	Mos. Days	105 N. C			EET	
5.	SEX	6.C	OLOR OR RACE	7. SINGLE	E. MARRIED. ZED. DIVORCEI	D (Quanifu)	B. DATE OF BIRTH		AGE (In years	If Under 1 Y	lear Under 24 Hours Days Hours Min.
1.0	101		W	WIFE L	DIED IN I	928 0	EC. 10, 18	87	67		21
worl	k dooe during	most of work	ATION (Give kind of ing life, even if retired		IN	S OR 1	1. BIRTHPLACE (State			1 144	HAT COUNTRY
	FATHER			HO	JUSE		LONG ISLA		cw yor.	4	USA
1~				, , ,	Cr	not.	14. MOTHER'S MAID				
15	WAS DEC	DER I	ER IN U, S. ARME	US HNE	16. SOCIAL		ELMIRA G	RIF.	FIN		
(Ye	, no or unkn	own) (II	yes, give war or date	os of service)	218-03-	TY NO.	5tep- DA	UG HTE	R 184	UKE	DRIVE,
	18. 4	20.1	F		С	AUSE O	F DEATH			IN.	TERVAL BETWEEN
	DIS	EASE O	R CONDITION	DIRECTLY							SE. AND DEATH
	(This heart:	does not	mean the mode thenia, etc. It mes	of dying, e. s	(A) .A	CUTE	MYOCARDI	IAL IN	VFARCT	ION	
	injury	or com	olication which	caused death	DUE TO						
		ANT	ECEDENT CAU	SES							
O			CONDITIONS,			• • • • • • • • • • • • • • • • • • • •	***************************************	***************************************	• • • • • • • • • • • • • • • • • • • •		
ATION	UNDE	RLYING	CONDITION L	STATING TH AST.	E DUE TO						
FIC					(C)				***************************************		•••••
ERTI	OTHE	R SIGNI	II FICANT COND	ITIONS CON	1.						
CEF	TRIBU	TING TO	THE DEATH, BUT	NOT RELATE	D						
-					FINDINGS C	OF OPERA	TION			2	O. AUTOPSY?
A											res No
EDICA	LYING		WAS UNDER- NTRIBUTING []	about home,	ACE OF INJUR farm, factory, street,	Y (e.g., in o office bldg., etc.	21c. WHERE DID INJURY OCCUR?		Baltimore City	, give ex	act location)
Σ	21D. TIM		h) (Day) (Year) (Hour)	21E. INJURY	OCCURRED	21F. HOW DID IN	NJURY OC	CUR1		
	INSO	1 1		m.	WHILE AT THE	NOT WHILE					
	22. I he	reby cer	tify that I at	tended the			15 190/1	to 2/	2/	12 that	I last saw the
4	decease	d alive o	n 2/2/		and that dea		ed at 5 m., fr	rom the co			c stated above.
	23A. SIG	NATURE	0	1.	0	231	a. ADDRESS	11	/	23c	DATE SIGNED
24	4A. BURIA	L. CREM	248. DATE	hong	24c. NAME OF	CEMETERY	OR CREMA PORY 2	4p. Local	ION (City, tow	n, dr cou	nty (State)
	ON, REMOVA	AL (Specify		V/52	110-1	- B-	neter	Ball	more	, >2	-d
	ATE RECE		REGISTRAR	'S SIGNATU	RE	2	5. FUNERAL DIREC	TOR		ADDI	RESS
LC	II O T	1057	H +	t	N'H.	14.73	Non ilono	£ 13	- 121	2 le	Par. Oll
1	VS 15	1332	" Justs	maron 1	Textraction	Mari		13 0	7	70.	7-127 70
F	.0 13		Courses		- F	7. 4:13	16				
					2	1/	-7				



0	30		
	DATTIMORE CITY HI	EALTH DEPARTMENT	52 6767
83			sistered No.
-	RTH NO.	E OF BEATT	
	NAME OF DECEASED YOPE OF Print) FRANCIS (FRANCIS	B. FORD 2. DATE OF DEATH	July 20,1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceas	ed lived. If institution : residence DUNTY before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	AACT	
	OSPITAL OR location)		porate limits, write RURAL and give
	SINAI HOSPITAL	BALTO.	1-03
\boldsymbol{r}	Yrs. Mos.	D. STREET ADDRESS (If rural, give)	
	ength of stay in Baltimore Days	629 GORSUCH	
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify, MARRIED)		n years II Under I Year II Under 24 Hours thday) Months Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign count	
6	one during most of working life, even if retired)	Deargea	WHAT COUNTRY?
13	FATHER'S NAME . TO ROUFING	14. MOTHER'S MAIDEN NAME	0
	demus dord "	Frances Bars	her
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
1,10	No. 35-05-251	WIFE 62	9 GORSVCH AVE
	18. 420,1 and 260x CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		7/20/62
	(This does not mean the mode of dying, e.g.,	morn ordinarca	V/ 23/9 -
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES	I de de la main de la	att lean
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		
NOIT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Correct Number	8
V	(C)	······································	
RTIFIC			1 100
	OTHER SIGNIFICANT CONDITIONS CON-	retes mellitre	2 min
CE	TO THE DISEASE OR CONDITION CAUSING IT.		
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
DICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	m or 21c. WHERE DID (If in Baltim	ore City, give exact location)
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	etc.) INJURY OCCUR?	
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
	m. WHILE AT NOT WHILE MY WORK AT WORK		
		19 15, 1952, to 7 / 20	, 195,4hat I last saw the
		rred at 4: 10 fm., from the causes	and on the date stated above.
	Kulling A miles	714 N. Brown	23c. DATE SIGNED
	M. D. A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N, REMOVAL (Specify)	RY CERSMANDEY 240. LOCATION	(City, town, or county) (State)
1	Burial 7/23/52 foudon la	sk Ballen	one, maryland
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	1111 29 1952 Huntington Williams Mo	Wom Gook his	217 fb. Paul Ho
	VS 150	A > 5	
II	7	9036	



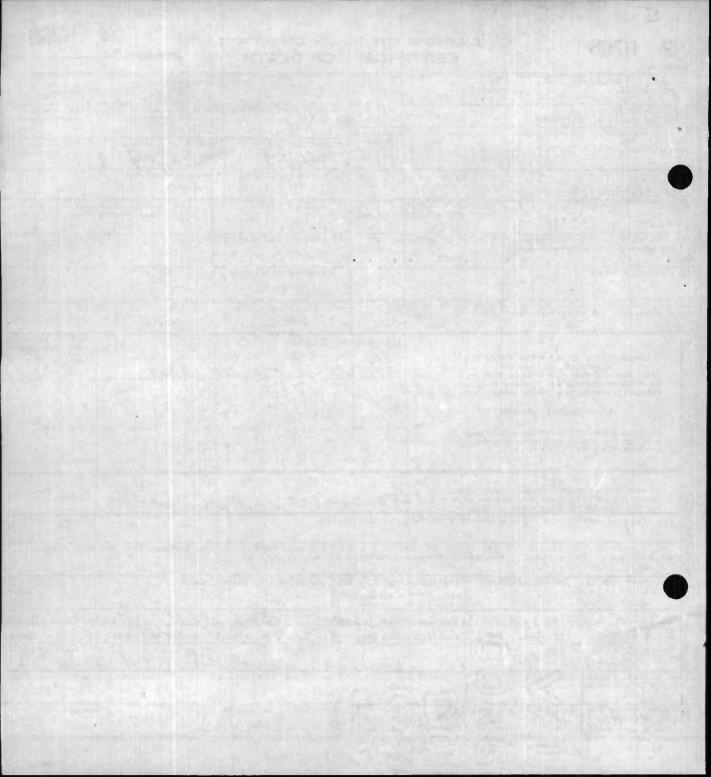
52 6768

BALTIMORE CITY HEALTH DEPARTMENT

1-3 115

52 6768

ВІ	RTH NO.		CERTIFICAT	E OF DEATH	regiotite	
	NAME OF D 'ype or Print)		es T. Townsend		2. DATE OF DEATH JULY	r 20, 1952
A.		City, Maryland		4. USUAL RESIDENCE (
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution, give street address or location)	c. CITY OR TOWN () Baltimore	f outside corporate lim	its, write RURAL and give township)
C.	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (I		4
5.	male	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Aug. 26, 1877	9. AGE (In years last birthday)	My Under 1 Year U Under 24 Hours Onths Days Hours Min.
worl	A. USUAL OC done during most t. Clerk	of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore, Ma.		12. CITIZEN OF WHAT COUNTRY?
13	Char	NAME Les B. Townse	end	14. MOTHER'S MAIDEN N Richard Anna		
15 (Ye	. WAS DECEAS s. no or unknown) Ves	(If you, give war or date Spanish Ame	s of service) SECURITY_NO.	17. INFORMANT Mrs. Rosa B. T.		ADDRESS 7 Prirross Ave.
CATION	(This does heart failu injury or DISEASE:	LEADING TO DEA'S not mean the mode of irc, asthenia, etc. It mean complication which of ANTECEDENT CAUSES OR CONDITIONS, IF ABOVE CAUSE (A)	DIRECTLY TH of dying, e. g., ons the disease, caused death.) DUE TO TO TO TO TO TO TO TO TO TO TO TO TO TO T	ouchopue	uusria	SG G
CERTIFIC	TRIBUTING	II BIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	ITIONS CON- NOT RELATED CAUSING IT.	sclerosis, ge	meralized	indef.
AL	19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., i ebout home, farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
Σ	D. TIME INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		RY OCCUR?	
		live on 19 Jul		rred at VA m., from		that I last saw the the date stated above.
2. TI	A. BURIAL	CREMA- Specify) 248. DATE 7/22/5	2 Druid Ridge	RY OR CREMATORY 24D.	LOCATION (City, town	n, or county) (State) Maryland
D.	ATE RECEIVE	952 REGISTRAR	glow Williams My?	25. FUNERAL DIRECTOR	he., 1217	ADDRESS St. Paul Stree
	VS 150	10	390.	0		

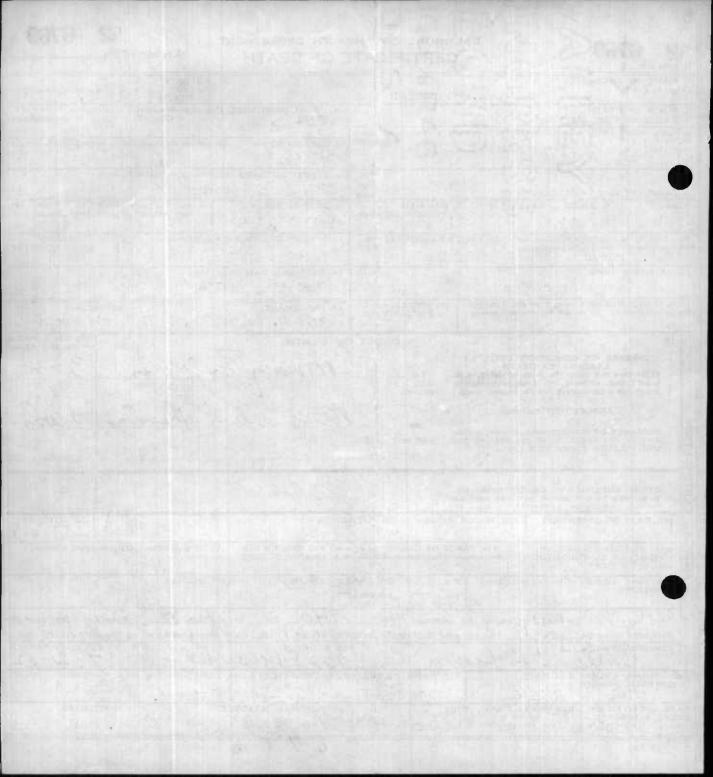


P- (3	OPICO
5	6769
14	0,000
BIRTH	NO

BALTIMORE CITY HEALTH DEPARTMENT

52 6769

	RTH NO.	00		CERTIFICATE	E OF DEATH	Registered	No.
1.	NAME OF D	ECEASED				2. DATE	
(T;	ype or Print)	Geor	ge A. S	Chruefer		OF DEATH Ju	ly 19, 1952
A.		City, Maryland			4. USUAL RESIDENCE (WASTATE Maryland		If institution: residence before admission)
	SPITAL OR			on, give street address or location)		outside cornorate lim	its, write RURAL and give
IN	INSTITUTION 4107 Harris Avenue				Baltimore	2	township)
				Yrs.		rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Davs	4107 Harris Ave	nue	
	sex nale	6.COLOR OR RACE	MIDOM	ED, DIVORCED (Specify)	8. DATE OF BIRTH April 18, 1892	9. AGE (In years last birthday)	fi Under 1 Year If Under 24 Hours Aonths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	IOB, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
work	Ret. Gr	of working life, even if retired)		Employed Employed	Baltimore, Mar		WHAT COUNTRY?
13	FATHER'S		50.1.1	20070300	14. MOTHER'S MAIDEN N		
	Ge	orge Schruefe	r	14)	Christina Muel	ler	
15	. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
,	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	George O. Schrue.		
	18. 1/ 6			CAUSE (OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	LEADING TO DEAT	TH f dving, e.g	(4)	muons o	cleman	Jun.
	heart failu	re, asthenia, etc. It mea complication which	ns the disease	2,			was of an and a second a second and a second a second and
		ANTECEDENT CAUS			71	2 Exhausle	
z		ANTECEDENT CAUS	ES	(B)	Myocorden	UKausle	an 3 collo.
<u>P</u>		OR CONDITIONS, II			/)	······································	
AT	UNDERLY	TING CONDITION LA	ST.	(C)	V		
ERTIFICATION							
F	OTHER S	IGNIFICANT CONDI	TIONS CON				
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D	*************************************		
				FINDINGS OF OPER			20. AUTOPSY?
A		D					YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e	1 or 21c, WHERE DID (I to.) INJURY OCCUR?	f in Baltimore City,	give exact location)
Σ	p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
h	INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from	1940 19 to X	Ul 19 19	2-that I last saw the
	deceased a	live on July 19			red at 2 Pm., from t		
	23A. SIGNA	Ullion 5	. Lea			RI.	23c. DATE SIGNED 7-2/-52
24 TIC	A. BURIAL.	CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	
	buria.	1 7/22/5	2	Holy Redeeme		Ltimore.	Maryland
	TE RECEIVE		SSIGNATY	PE.	25. FUNERAL DIRECTOR		ADDRESS
	UL 221	952 Junlin	glow /	Mialus- M.	Wm. Gook In	c. 1217 S	t. Paul Street
	VS 150		p tour	new but	6766		
		25- 12	***	2900	A		



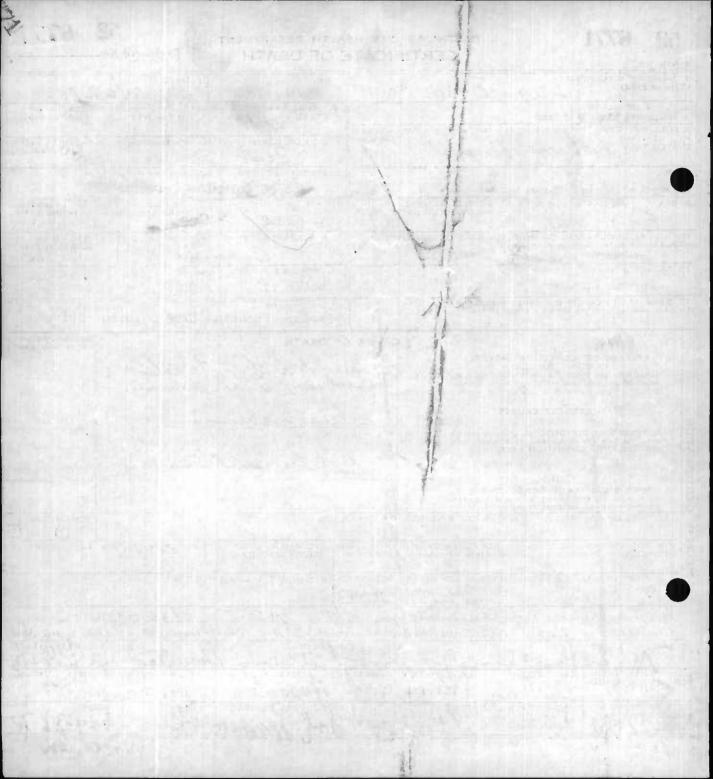
-553 CERTIFIC TO CERTIFICATE /9/52 ES	4
52 6770 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	S2 67.70 Registered No.
1. NAME OF DECEASED (Type or Print)	DATE OF O D 3 / 10 Co
	deceased lived. If institution: residence B. GOUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside the control of t	de corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAL	e pare township)
c. Length of stay in Baltimore Yrs. Mos. Days 5550	give location).
	AGE (In years Wonder I Year as birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY	country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unishown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
NO NONE JOHNS HOPKI	INS HOSPITAL
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	aul
injury or complication which caused death.) DUE TO LUGARITH	
ANTECEDENT CAUSES Active Rheumans Heart D.	iruu.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
VINCT OF CONTRIBUTION about home farm factory street, office bldg., etc.) INJURY OCCUR?	Baltimore City, give exact location)
CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCC	CUR?
INJURY m. WHILE AT NOT WHILE AT WORK	
The state of the s	2-1-, 1952, that I last saw the
deceased alive on 1-21-, 1952, and that death occurred at 3:10 m., from the ca 23A SIGNATURE C P 23B. ADDRESS HOPKINS	uses and on the date stated above.
M.D.	7-32-53
TION THOUSE MOVAL (Specify) 7-24-52 (Edan Sile) Was	linis law D.C.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1	& Washington
VS 150	J.C.

ee Docume t File 52-6770
Re ly to query
9/9/52 ES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 67.71 Registered No.

E	IRTH NO.			CERTIFICAT	E OF DEATH	Registere	1110.
(. NAME OF D Type or Print)	IDA	Bu	CHMAN		2. OATE OF OEATH 7	/22/52
B	FULL NAME	City, Maryland	/	tion, give street address or location)		B. COUNTY	If institution: residence before admission) nits, write RURAL and give township)
	ength of s	tay in Baltimore	_45 y	Yrs. Mos. Days	D. STREET AOORESS (I	frural, give location) mbus Orive /	
5	SEX	6. COLOR OR RACE		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year H Under 24 Hours Months Days Hours Min.
WOI	DA. USUAL OC the done during most	CUPATION (Give kind of working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1)	rici.	12. CITIZEN OF WHAT COUNTRY
_		l Kushner			Baila ??°		
(Y	5. WAS DECEASI	ED EVER IN U.S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Issdore Buchman	n- 3786 Colu	ADDRESS mbus Drive
FICATION	(This does heart failuinjury or DISEASE	SE OR CONDITION LEADING TO DEA a not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L	TH of dying, e. ans the disea caused deat SES IF ANY, GIVE STATING T	g., (A) Urene se, Due to al	of DEATH rai due te a voi de renal terio selero aletes mel		INTERVAL BETWEEN ONSET AND DEATH
CERT	TRIBUTING	BIGNIFICANT COND TO THE DEATH, BUT	NOT RELAT	ED			
1		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City	, give exact location)
Σ	2 1D. TIME F INJURY	Month) (Day) (Year	m.	2 IE. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
		y certify that I at live on 7/22	19.52	deceased from and that death occur	7/7 1952 to rred at 3 25 pm., from : 138. FODRESS		52 that I last saw the the date stated above.
2 T1	4A. BURIAL. CON. REMOVAL (S	REMA- RAB. DATE	ul	M.D. 246.NAME OF CEMETE Tiferes Israe.	PYTOR CREMATORY 240.1	COCATION (City, tow	
	ATE RECEIVE		s signati	Miaus MS	Sol. Lines	na Bips.	ADDRESS -1124-26 W.
	VS 150	47	9	5 2 0	001	1	orth are.

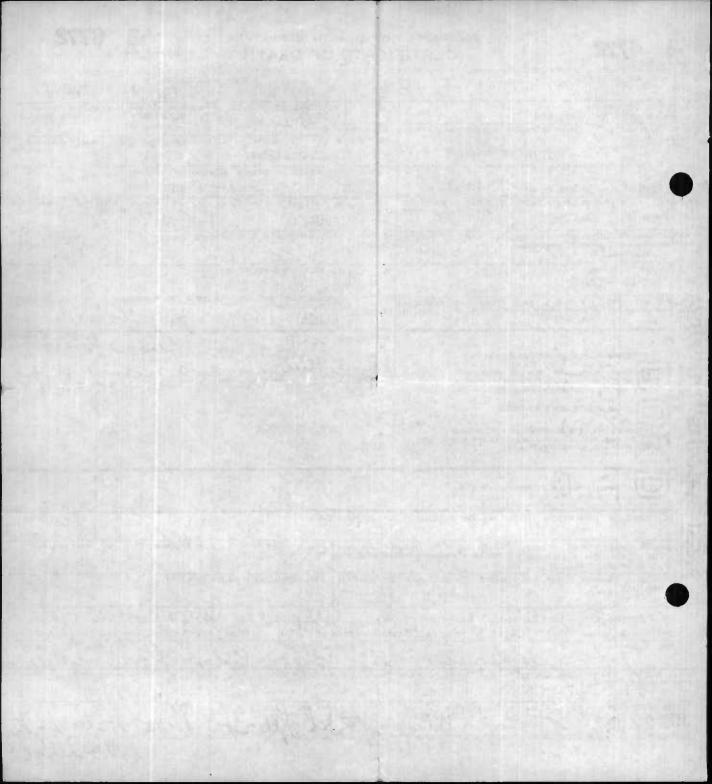


52 67.72

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 67.72 Registered No._____

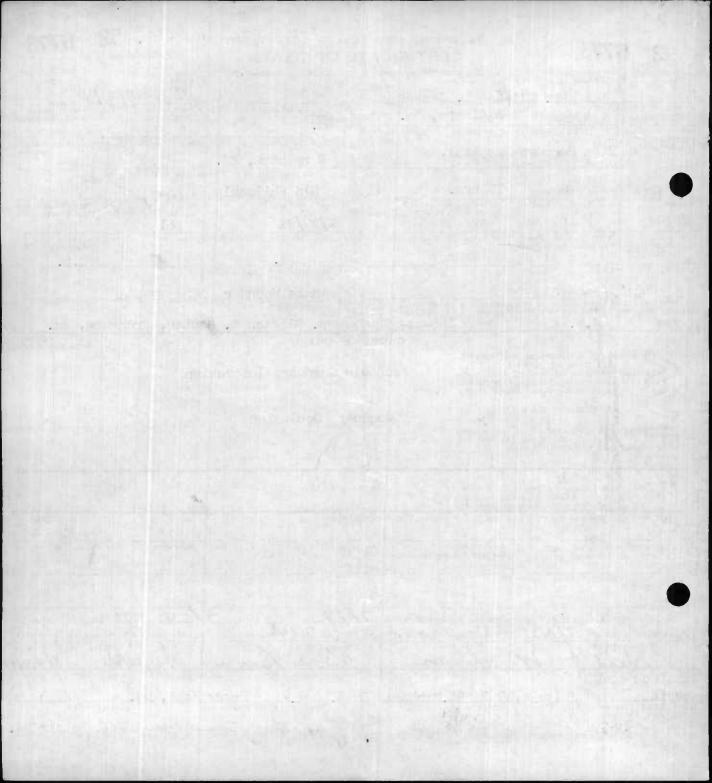
BIRTH NO.		
I. NAME OF DECEASED REBECCA SKLA	R	2. DATE OF DEATH July 21, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE VI and	Where deceased lived. If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street a HOSPITAL OR INSTITUTION 3302 Sumter Avenue	doress or	outside corporate limits, write RURAL and give township)
ength of stay in Baltimore 46 yrs.	Yrs. D. STREET ADDRESS (If Mos. Days 3302 Sumter	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife own home	S OR 11. BIRTHPLACE (State or f	oreign country) 12. CITIZEN OF WHAT COUNTRY?
Boris Harris	14. MOTHER'S MAIDEN N Unknown	AME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURIT	Y NO. 17. INFORMANT Rubin Sklar- 330	ADDRESS 02 Sumter Avenue
Injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES (B) (B) (B) (C) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	AUSE OF DEATH	
TO THE DISEASE OR CONDITION CAUSING IT.	F OPERATION	20. AUTOPSY?
2 IA. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, or CAUSE OF DEATH	Y (e.g., in or 21c. WHERE DID (Mice bldg., etc.) INJURY OCCUR?	If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY O	OCCURRED 21F. HOW DID INJUR	Y OCCUR7
	th occurred at Y to fm., from 238. ADDRESS M. D. 200 4 Eu CEMETERY OF CREMATORY 240. L	he causes and on the date stated above. ZBC. DATE SIGNED ZBC. DATE SIGNED CATION (City, town, or count) (State) Limore, Maryland ADDRESS ADDR
22 1932 Imangrow Voltalle	- MY JOC OYUMUTA	North 120



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6773

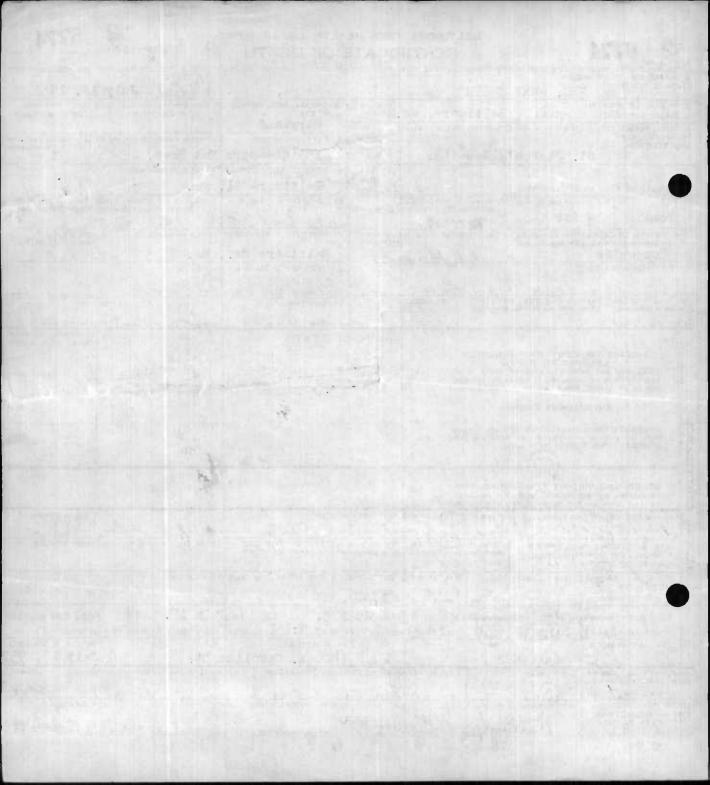
בי נייויין י	CERTIFICATE	OF DEATH	Registered	No. 6773
1. NAME OF DECEASED (Type or Print) Mr. Clifton L.	Ganter	The sale of the sa	2. DATE OF DEATH 7	/20/52
2 PLACE OF DEATH.	ore, Md.	4. USUAL RESIDENCE () A. STATE		f institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION Boon Secours Hospital	location)	c. CITY OR TOWN (In	outside corporate lim	its, write RURAL and give township)
Ongth of stay in Baltimore 17 hrs	Yrs. Mos.	B radshaw, Md o.street Address (M Old Philadel	rural, give location)	5200
5. SEX 6. COLOR OR RACE 7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 2/27/91	9. AGE (In years	If Under I Year If Under 24 Hours I Days Hours Min.
work done during most of working life, even if retired)	of Business or INDUSTRY (ery	11. BIRTHPLACE (State or f	0 00	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	0.0.
Philip Ganter		Annie Woonder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes W.W. 1	188-14-8900	Mrs. Clifton L.	Ganter, Bra	dshaw, Md.
heart failure, asthonia, ctc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(B)	e Coronary Infaro		
19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER			20, AUTOPSY?
	CE OF INJURY (e. g., in rm,factory,street,office bldg., e		If in Baltimore City,	
210. TIME (Month) (Day) (Year) (Hour) 2	TE. INJURY OCCURRE	D 21F, HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the adeceased alive on 7/20, 1952, a	deceased from 7/ nd that death occur	7 , 1957, to red at 7.7 m., from t	7/20, 193 he causes and on	that I last saw the the date stated above.
TION, REMOVAL (Specify)	4c. NAME OF CEMETER		OCATION (City, town	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL REGISTRAR		25 FUNERAL DIRECTOR		ADDRESS 7401 Belair Rd.
VS 150	500	44		



5	E	0	
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BALTIMORE CITY HEALTH DEPARTMENT

BI	2 67 RTH NO.	74		CERTIFICAT	E OF DEATH	- Regi	istered No	
1. (T	NAME OF D	ECEASED MRS. MARY	SMITH			2. DATE OF DEATH	July	18, 1952
A.		EATH: City, Maryland	Baltim	ore, Md.	A. STATE	NCE (Where decease		
HO	SPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	Maryland c. CITY OR TOWN	(If outside corpo	orate limits, w	rite RURAL and give
IN	STITUTION	St. Joseph	s Hosp	ital		ers Run Road		township)
				Yrs.		SS (If rural, give lo		200
	ength of s	tay in Baltimore		Life Days	Baltimore	21, Md.	53	54
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (iii	n years f Under	1 Year If Under 24 Hours B Days Hours Min.
	Female	White	Mar	ried	July 6-1:	878 74		
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10a. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign countr	у) 12.	CITIZEN OF WHAT COUNTRY?
	Housewi	fe	At	Home	Baltimore		1	L.S.A.
13	FATHER'S	NAME	,		14. MOTHER'S MA	IDEN NAME		
		JOHN		1/115	Bayba.	ra Sto.	سوم	
(Ye	, was DECEAS , no or unknown)	ED EVER IN U.S. ARMEI (If yea, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDF	RESS PA
	No			1-	no 6001	4 Smith	1525t	2 mm un 5 Ad
	18. 011	X		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	LEADING TO DEA	DIRECTLY	1	0	. 4	00	
		not mean the mode ore, asthenia, etc. It mea	f dying, e. g		herculos	is af sm	all To	***************************************
		complication which			lesline c	aurence	non	
		ANTECEDENT CAUS	ES					
HOL	DISEASE	S OR CONDITIONS, 1	F ANY, GIVIN	(B)G	***************************************	*************************************	***************************************	
Ē	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO				
<u>S</u>				(C)				
RTIFICA		11		III na women in			TO QUELLA	
E E		SIGNIFICANT CONDI						
U		F OPERATION . 1		FINDINGS OF OPER	ATION			20. AUTOPSY?
4		- 1952		nal obstruct		mercal k	itula	YES NO
EDICA	21A. ACCIE	PENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE D	ID (If in Baltime	ore City, give	exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
F	F INJURY			WHILE AT NOT WHILE				
h	- II I		m.	WORK AT WORK	L 1053	2 . Tuly 18	1052	2-471-4
	deceased a	y certify that I att	ended the	deceased from Ju	med at 9:15Pm	from the causes	and on the	nat I last saw the
	23A. SIGNA		7 1975		3B. ADDRESS	, from the causes t		3C. DATE SIGNED
	(10 heil	1	м. D.	1400 ,N. Caro			July 18,1952
24	AA. BURIAK	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City, town, or c	county) (State)
111	Buri	a1 2/22/	5-2	Zion Luit	6 Gen		13a1	to Md
	ATE RECEIVE		S SIGNATU		25. FUNERAL DIR	ECTOR	AL	DDRESS
Jit'	L 27 10	52 1	tinston	W. Higus M	Planalan	Funeral 1.	tome 74	11 Balain 190
=		110000	7 5					



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF CLARA A. SCHILLER July 19th.1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, grand Hospital or Matthews Nursing Home, (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4515 Bowleys Lane Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore life 1109 Parkmont Avenue Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. white married Aug. 3.1881 female. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY USA housewife own home Balto., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Dorman Amelia Bloom 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. George Schiller, 4409 Parkmont Ave. none INTERVAL BETWEEN 18. CAUSE OF DEATH 2010 and ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONfiles bullet Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! 195 ! to_ Dary 10 . 19 that I last saw the 22. I hereby certify that I attended the deceased fromdeceased alive on 1952 and that death occurred at 557 P.m., from the causes and on the date stated above. 23A. SIGNATURE 238, ADDRESS \$3c. DATE SIGNED Colane 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY July 22 Immanuel Luth. Cemeterv DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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REA-161	169 6776
1. NAME OF	DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.	6776			CERTIFICAT	E OF DEATH	Registered No.	3,70
	NAME OF ype or Print			aroline	Stansberry S	haffer (Stansbur	y) 2. DATE OF July 19	, 1952
Α,	PLACE OF Baltimore	City, Ma		al or institut	ion, give street address or	A STATE	(Where deceased lived, If ine	titution: residence before admission)
H	OSPITAL OF	Balti	more Ci Eastern	ty Host	itala location)	c. CITY OR TOWN Baltimore	(If outside corporate limits, v	vrite RURAL and give township)
	Length of				Yrs. Mos. Days		If rural, give location) Neck Rd. Balto.	Co21
F	emale	Whit	5	WIDOW	MARRIED, DIVORCED (Specify)	March 6, 1882	9. AGE (In years last birthday) Month	les l Year H Under 24 Hours
1C werl	A. USUAL (SCCUPATION Stof working life	N (Give kind of e, even if retired)	O A	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country) 12	WHAT COUNTRY?
	FATHER'S		John (14. MOTHER'S MAIDEN Anna Stansbu	NAME ry (D) (Stansbe	rry)
15 (Ye	s. WAS DECEA	ASED EVER II	N U.S. ARMED give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: B. C	H. 4940 Easte	ress rn Avenue
	heart fa	LEADIN es not mear ilure, astheni	I ONDITION I G TO DEAT n the mode o ia, etc. It mean ion which c	'H f dying, e. g ns the diseas	Possit		em CATION APPROVED B	INTERVAL BETWEEN ONSET AND DEATH
FICATION	ANTECEDENT CAUSES RATIAL							
CERTIF	TRIBUTI TO THE	NG TO THE I	II ANT CONDITION DEATH, BUT I	CAUSING I	Thank	line of it	Jenur.	
CAL	7-18	-	T	rangver		f shaft of rt. f		YES NO T
MEDICA	LYING CAUSE O		IBUTING	about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg., IODE	Box 297 Holl	(If in Baltimore City, given y Neck Rd. Balt	
K	D. TIME		(Day) (Year) 17- 52	9	NHILE AT NOT WHILE WORK AT WORK	70.1	ed and foll to	105354
	22. I here		that I att	ended the	deceased from and that death occur	7-17 152, to red at 7:30Pm., from	7-19,53, the causes and on the	that I last saw the date stated above.
	23A. SIGN		1.5.	they	м. р.	4940 Eastern	Avenue	7-19-52
TIC	Burial Burial	(Specify)	2/23/.	57	HISS Meth	edist Cen	LOCATION (City, town, or Ba	county) (State)
5	UL 22	952	HEGISTRAR'S	SIGNATU	Williams Mi	Lassalu F	meral Home	Dyo) Balain R
	VS 150	820.	TO:	BA APPI	ROVED BY MEDIC	AL EXAMINER		

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DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

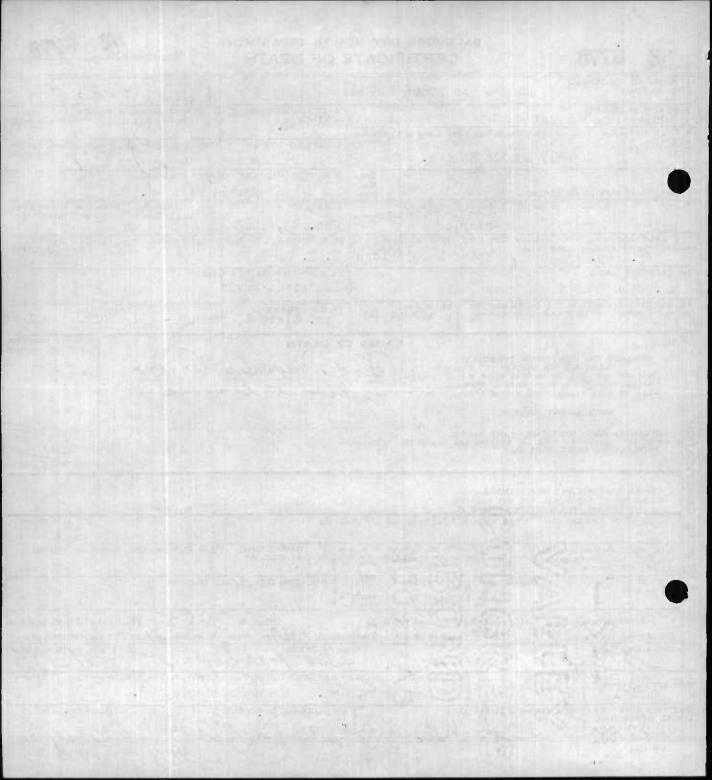
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

В	IRTH NO.	6778	3	DAL	CERTIFICAT	E OF DEATH	Registere	d No	67.78
	NAME OF Type or Prin			FORD Va	n HORNE RAMSE	Y	2. DATE OF DEATH	uly 20,	1952
	PLACE OF Baltimore		Iaryland '			4. USUAL RESIDENCE (n : residence efore admission)
H	FULL NAM OSPITAL O ISTITUTION	R	(If not in hospit		ion, give street address or location) 11Rd	c. CITY OR TOWN (I	If outside corporate li	-09	URAL and give township)
G	Length of		Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (I	f rural, give location) e Hall Rd.		
5.	male		or or RACE		E, MARRIED. VED, DIVORCED (Specify) ied	Jan. 30, 1882	9. AGE (In years last birthday)	if Under 1 Year Months Day	Hours Min.
1C wor	k done during m	OCCUPAT ost of working Rep.	ION (Give kind of life, even if retired)		of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or N. Y.	foreign country)		IZEN OF AT COUNTRY?
13	Wm. Jo		sey		IM)	14. MOTHER'S MAIDEN N Louisiana Davis			
15 (Ye	. WAS DECE	ASED EVER	IN U. S. ARMEC s, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Clara S. R	lamsey - 431	ADDRESS 7 Marbl	e Hall Ro
CERTIFICATION	(This dineart fright fright) DISEAS RISE TO UNDER	LEAD oes not m tilure, asth or complic ANTEC SES OR CO THE ABO RLYING C	I CONDITION ING TO DEAT ean the mode o enia, etc. It mea- eation which c EDENT CAUS ONDITIONS, IF VE CAUSE (A) ONDITION LA II CANT CONDIT E DEATH, BUT OR CONDITION OR CONDITION	TH f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(A)	of DEATH des Vascala	· Cor Lerio	ONSE	RVAL BETWEEN ET AND DEATH
	19A. DATE				FINDINGS OF OPER	ATION		20. YES	AUTOPSY?
MEDICAL	LYING	OR CONT	AS UNDER-		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore Cit.	y, give exact	t location)
N	D. TIME		(Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?		
	22. I her deccased 23A. SIGN	alive on	fy that I att	cnded the	deceased from and that death occur	rred at F Am., from 13B. ADDRESS	7/20/52,19 the causes and or	the date :	last saw the stated above.
24 TIC	AA. BURIAL ON, REMOVAL BURI	(Specify)	24B. DATE 7/22/52	1	Green Mount	RY OR CREMATORY 24D. L Cem. Bal	timore, Md.		7) (State)
	CAL REGI		REGISTRAR'S	SIGNATU	Williams Ma	25. FUNERAL DIRECTOR	bires Y	SADDRE	ss
	VS 150	100%		0	1 4 2 9 8	44	Ballo	7 00	rd



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Registered No. 67.79

BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

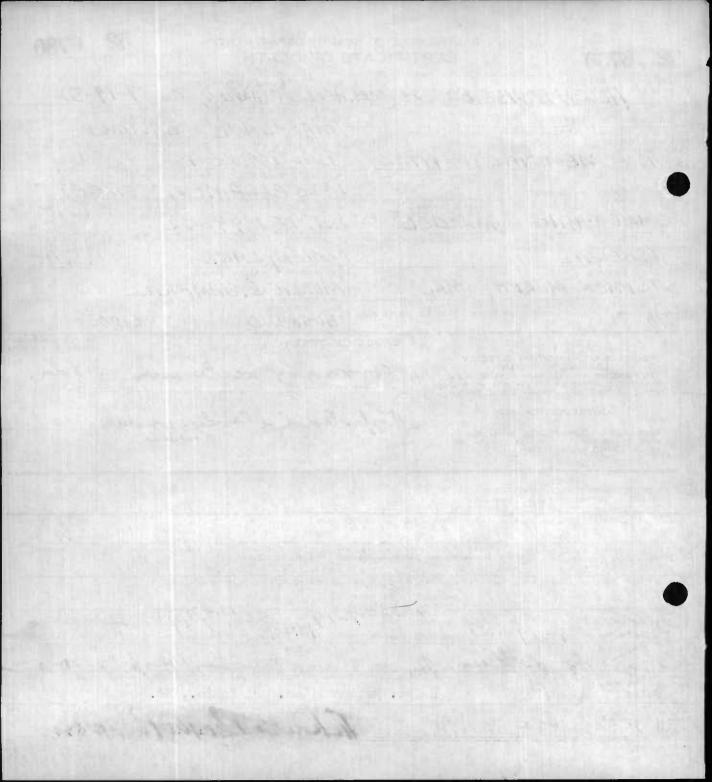
(Type or Print) William Pa	aul Smith		2. DATE OF DEATH	July 20.	1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		ved. If institution	: residence ore admission)
B. FULL NAME OF (If not in hospital or institu	ution, give street address or		D. COOK	i i ber	ore admission)
HOSPITAL OR INSTITUTION HISPHS Hospital Ba	location)	The state of the s	outside corporate	e limits, write RU	
USPHS Hospital, Ba	LLOO., LL, Ma.	Baltimore	2	1-18-	township)
	Yrs.	D. STREET ADDRESS (If	rural, give location	on)	
c. Length of stay in Baltimore	Mos. Days	5340 Beaufort	Nyemie		
5. SEX 6. COLOR OR RACE 7. SING	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In yea	ars Munder Year y) Months; Days	Hours Min.
710 0 710 10	irried	Jan. 12,1924	28	y) Mondis Days	Tiodrs Mill.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	ID OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZ	EN OF
	ix Co.	West Virginia		USA	T COUNTRY?
13. FATHER'S NAME	Marchen (m)	14. MOTHER'S MAIDEN NA	AME	0 2044	
Charles Smith		Pearl Lewis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS	
Yes WW TT	SECURITY NO.	Records USP	HS Hospita	al, Balto	. 77. Md
18. 1GAV	CALISE	OF DEATH			VAL BETWEEN
DISEASE OR CONDITION DIRECTLY	•	o. DEKIII		ONSET	AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.	Mali	gnant melanoma		2 m	antha
heart failure, asthenia, etc. It means the diser injury or complication which caused dear	ase,	D			onths
	th.) DUE TO				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIV	(B)	***************************************			
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO				
<u>0</u>	(C)	***************************************			*****************
11					
OTHER SIGNIFICANT CONDITIONS CO					
TO THE DISEASE OR CONDITION CAUSING	IT				
-	R FINDINGS OF OPER	ATION			AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PI	ACE OF INTUON (Loss warene pin /	8 t- D-141 4	YES	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home	LACE OF INJURY (e. g., in a, farm, factory, street, office bldg., e	n or 21c. WHERE DID (I	I in Baltimore	City, give exact	location)
ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?		
m.	WHILE AT NOT WHILE				
22. I hereby certify that I attended th	7 -	10-52 , 19 , to	7-20-	19_57that I	last sam the
		red at 9:35 R., from th			
23A. SIGNATURE V. A. Henn	12	38. ADDRESS USPHS HOS	sni tal		ATE SIGNED
J.A. Hunta Jr. Sr Surgeon	M.D.	Jyman ParkDrive &	31st St.	7-21-	
24A. BURIAL, CATMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240, LO	OCATION (City,	town, or county)	(State)
Burial 7/23/52	Moreland Me	m. Pk. Balto	., Md.		
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25 FUNERAL DIRECTOR	0	ADDRES	S
111 22 1052 Huntington	Valiacus M.D.	2/1m = 1 m /61	kuer.	It sous	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	6780
egistered No _	00

BIRTH	NO. 6780			CERTIFICAT	OF DEAT	Н	Registered No.	0780
1 NAM	E OF DECEASE		ISF B	COWERS (MRS.	HERBERTCH		OF 7-19	-52
A. Balt	ce of Death: imore City, Ma	aryland			4. USUAL RESID	ENCE (Where	B. COUNTY	itution: residence before admission)
	TAL OR			cion, give street address or location)	c, CITY OF TOWN	N (If outsid	le eorporate limits, wi	rite RUPAL and give township)
UN	ION PUL	EMOKIF	+6 141	OSPITAL Yrs.	D. STREET ADDR	ESS (If rural,	give location)	-0/
5. SEX	gth of stay in I	Baltimore OR OR RACE	2 011101	Mos. Days	1423 EL	LAMOI	NT STRE	EET
-		ITE	WIDOY	E, MARRIED, VED, DIVORCED (Specify) RKIED	OCT. 18 1		GE (in years Woodle Months	Days Hours Min.
work done d	GUAL OCCUPATION OF WORKING IN THE PROPERTY OF		10B. KINI	O OF BUSINESS OR INDUSTRY	MARY WARY	LAND	country) 12.	CITIZEN OF WHAT COUNTRY?
1	EPHEN	WILPH	HY	MP)	MANILE MANILE		PRUI	
15. WAS	DECEASED EVER	N U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	L.GAMI	ADDR	RESS
	O (11 yes,	give war of date	or service)	SECURITY NO.	HUSBANI	0	SAM	5
ERTIFICATION	This does not mea leart failure, asther njury or eomplies	nia, etc. It mea tion which e DENT CAUS NDITIONS, II E CAUSE (A) NDITION LA II ANT CONDI DEATH, BUT	f dying, e., in the disease aused death de	(B) Harle	tensis		-vacuk	//a.
	DATE OF OPER			FINDINGS OF OPER				20. AUTOPSY?
O 21A	ACCIDENT WA			ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		DID (If in I	Saltimore City, give	exact location)
	TIME (Month)	(Day) (Year)		WHILE AT NOT WHILE WORK	21F. HOW DIE	O INJURY OCC	CUR?	
dec	eased ative on_	y that I att 7-19	ended the	deceased from 7		to 7=	19, 19 52 th	at I last saw the late stated above.
17	Family	1.	Len	6 M.D. 2	B. ADDRESS	moras	Hosto. 7	Sc. DATE SIGNED
TION, RE	urial CREMA MOVAL (Specify) urial	7/24/5	2	Balto. Nati	onal Cem.	Balto.	Md.	ounty) (State)
	RECEIVED BY REGISTRAR 2 2 1952	Hurtin	ston	Villiams Mod	25. FUNERAL DIE	REGTOR	ner Ix	PRESS
V	S 150		1	No.		()	Balto	7 Mas



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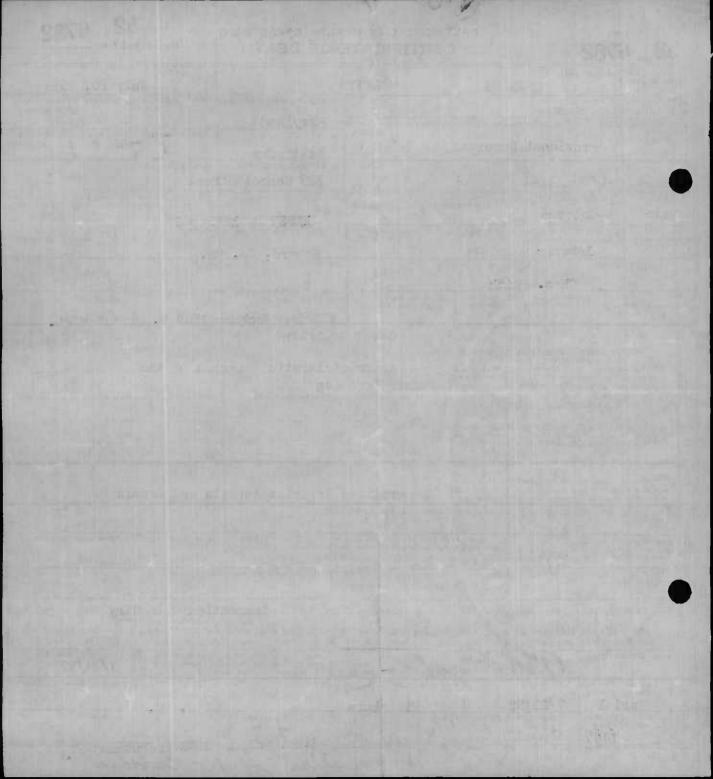
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.				_ 01				
1. NAME OF (Type or Print)			WINSKI		2.	DATE		
	M				ly 20, 1			
3. PLACE OF A. Baltimore	City, Maryland	4. USUAL RESIDE	ENCE (Where	deccased lived B. COUNTY		: residence ore admission)		
B. FULL NAME		al or institut	ion, give street address or location)		(7.6			
INSTITUTION	604 S. Wo	lfe Str		Baltimore		ide corporate in	mits, write RU	township)
			Yrs. Mos.	D. STREET ADDRE				
	stay in Baltimore	Li	Days Days	604 S. Wo				
5. SEX Female	6. COLOR OR RACE White	WIDOW Ma	E, MARRIED. FED, DIVORCED (Specify) Tried	october 20,1	1889	AGE (In years last birthday) 62	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign	n country)	12. CITIZ	EN OF
Housew		-	Mederal	Maryland			USA	
13. FATHER'S	NAME			14. MOTHER'S MA	LIDEN NAME			
	eph Karas			Sophia Ky	per			
15. WAS DECEA	SED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
-	-		= SECONITY NO.	Mr. Henry Pi	winski.	604 S.	Wolfe St	reet
18. 16 7	3× .		CAUSE	OF DEATH		DOLLAR STREET, SALES STREET	INTER	VAL BETWEEN
DISEA	SE OR CONDITION			1. n.			ONSET	AND DEATH
(This do	LEADING TO DEA	of dying, e. s	(A)	liac Dela	talion		27	rous
neart fail	ure, asthenia, etc. It means complication which	ins the diseas	e,		***************************************	*********************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	이 보다면 하다 아니는 아니 아이를 들었다면서 가게 되었다면 보고 있다면 하는데 하다 되었다면 다 없다.							
7	ANTECEDENT CAUSES Metastatic Carcumaa Lung							
DISEASE	ES OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************				***************************************
UNDERL	THE ABOVE CAUSE (A)	STATING TH	E DUE TO					
0			(C)	***************************************		******************************		
1	II.					***************************************		
III TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	D					
	DISEASE OR CONDITION							
	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION				AUTOPSY?
STA ACCI	DENT WAS UNDER-	1 218 PL	ACE OF INJURY (e. g., i	n or 21c. WHERE D	OID (If in	Raltimore Cit	y, give exact	
21A. ACCI LYING□ C CAUSE OF	R CONTRIBUTING	about home,	arm, factory, street, nflice bldg.,	etc.) INJURY OCCU	IR?	partitione on	y, sive chace	accausin)
F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	OC YRULMI	CUR?		
INSUK.		m.	WHILE AT NOT WHILE					
22. I here	by certify that I at	onded the		Jelly 19th	8 to Joel	2.0 19	Szthat I	last saw the
22. I hereby certify that I attended the deceased from, 1945, to, 1957, that I last deceased alive on, 1952, and that death occurred at 5.30 m., from the causes and on the date stated								
23A. SIGNA		-, 10,		3B. ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			TE SIGNED
16 has	les & Mast.	Henn	M. D. 4	2900 E/Sal	titrem	57	Jed,	21,1952
24A. BURIAL. TION, REMOVAL	CREMA. 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCA	TION (City, to	KARACKET)	(State)
Burial	7/23/52	2	St. Stanisl	aus	Baltimo	ore,	Marylan	d
DATE RECEIV LOCAL REGIS		S SIGNATI	RE,	25. FUNERAL DIR	ECTOR SONS	,1808 E	ADDRES	s Venue
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service of the state of Turne sharps Sure Here Pares and Land A Sure as the second control of has come in a property later. The control of the control of SHELVE CLASSIC STREET, STREET, DO AND OTHER AND

52 6782 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF CHARLES DEATH July 20, 1952 SMITH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL, and give C. CITY OR TOWN INSTITUTION Provident Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 729 School Street ength of stay in Baltimore Days 6. COLOR OF RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Colored Male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? USA laborer Howard Co. Md. 13. FATHER'S NAME Chase Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO no William Jackson 1529 N. Stricker St INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Gangrene of the (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, XXXXXX Left Leg injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. RTIFICATI (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED Generalized Arteriosclerosis and Uremia TO THE DISEASE OR CONDITION CAUSING IT. Ш 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A DATE OF OPERATION NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) 7/23/52 Burial Auburn DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 151



location)

Yrs.

Mos.

A. STATE

Maryland

C. CITY OR TOWN

Baltimore

before admission)

If Under 24 Hours

WHAT COUNTRY?

July 19,1952

If Updat 1 Year

last birthday) Months: Days Hours: Min.

(If outside corporate limits, write RURAL and give

Registered No.

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

DEATH

B. COUNTY

9. AGE (In years)

5783 1. NAME OF DECEASED (Type or Print) GEORGE MICHAEL SMITH 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital ngth of stay in Baltimore 6. COLOR OR RACE Male White IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or naknowa)

VI Days 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Single II. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR

INDUSTRY Kress Farm Dairy

1200

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)

SECURITY NO 6-01-1753

CAUSE OF DEATH

Congestive heart failure

D. STREET ADDRESS (If rural, give location)

1233 N. Gay Street

Washington, D.C.

14. MOTHER'S MAIDEN NAME

ADDRESS ONSET AND DEATH

12. CITIZEN OF

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinomatosis

DUE TO (C)

DUE TO

cell carcinomatosis of the skin

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

218. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WORK AT WORK

22. I hereby certify that I attended the deceased from. deceased alive on July 19, 1952, and that death occurred at 11:550m, from the causes and on the date stated above.

July 18th 1952, to July 19th 19 52 that I last saw the

238. ADDRESS 24c. NAME OF CEMETERY

23c. DATE SIGNED Caroline Street-CREMATORY | 24D. LOCATION (City, town, or county)

July 19,1952

20. AUTOPSY

YES

(If in Baltimore City, give exact location)

NO X

Burrol DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA'S TION, REMOVAL (Specify)

23A. SIGNATURE

ERTIFICATION

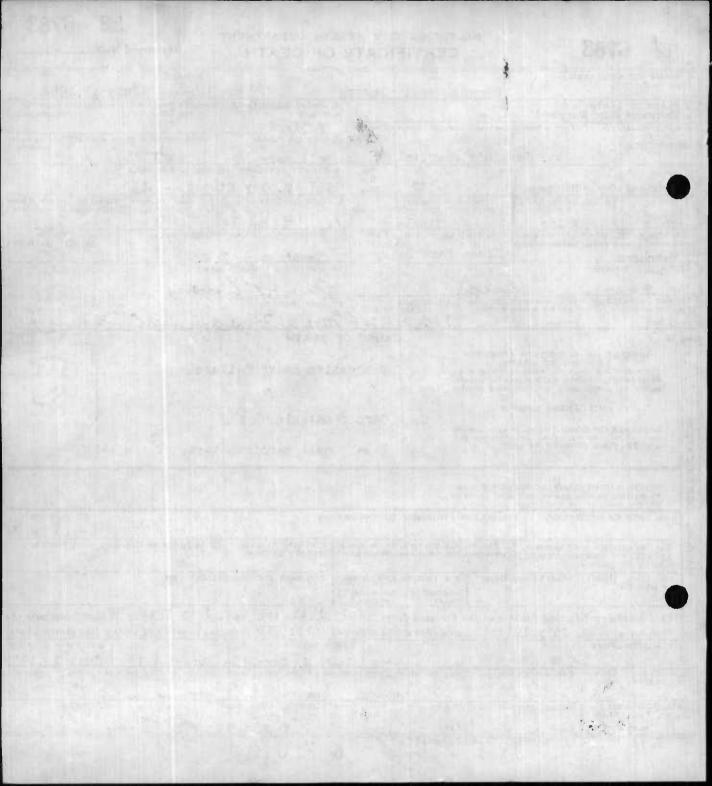
DICAL

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

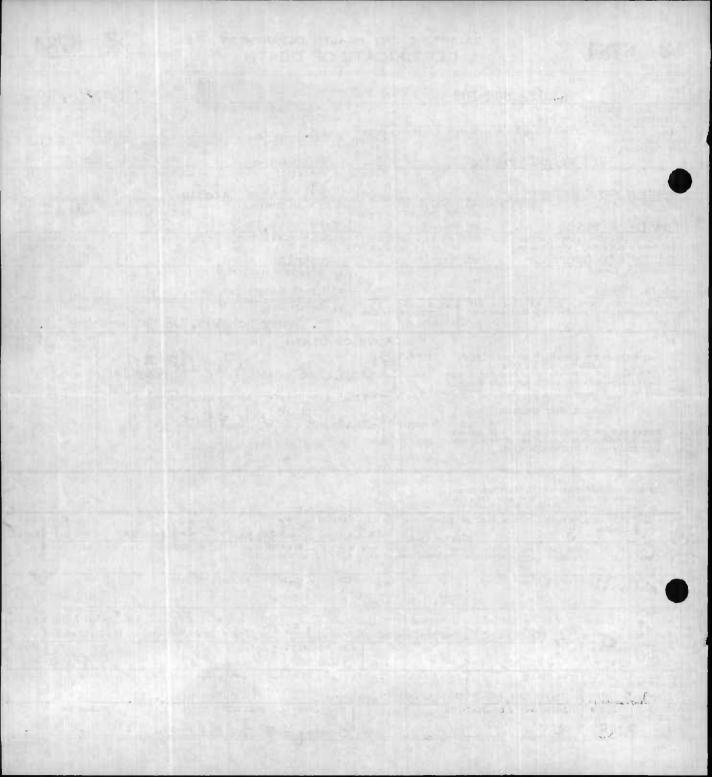


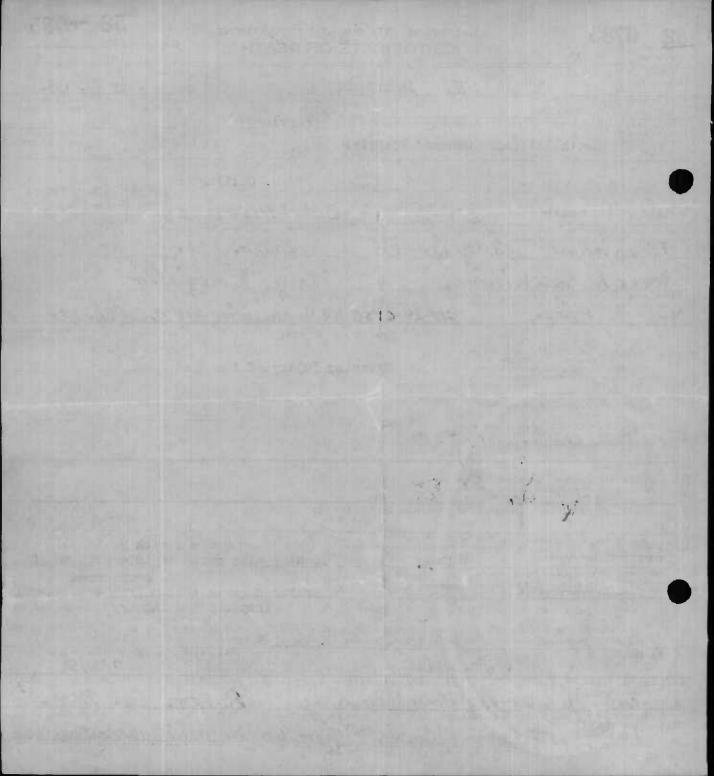
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6784

	11111110.						
	NAME OF D Type or Print)	ECEASED THERESA	SCHMID	T		2. DATE OF DEATH Jul	y 19 th, 1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V		
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Md.		
	ISTITUTION	2020 2		iocation)		outside corporate limit	ts, write RURAL and give township)
		3912 Walnut A	venue	I.O V	Baltimore D. STREET ADDRESS (If	# 1- C	7
	an orth of a	tom in Dolding		40 Yrs. Mos.			
	SEX	tay in Baltimore	7. SINGL	Days	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
	07		WIDOW	ED, DIVORCED (Specify)		last birthday) Me	onths Days Hours Min.
10	iemale A. USUAL OC	White CUPATION (Give kind of	10B. KINE	o of Business or	July 19th, 1952	oreign country)	12. CITIZEN OF
wor]	k done during most	of working life, even if retired)		INDUSTRY		oreign country)	WHAT COUNTRY
	FATHER'S	te Operator	UWn	Business	Austria 14. MOTHER'S MAIDEN N.	AME	USA
	John Hi	n a				AME	
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Helen Kosel		
(Ye	e, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			DDRESS
_	18. 15			none	Mr. Henry Schmi	at, 100 Hatne	INTERVAL BETWEEN
	12.	5 X 1		CAUSE	OF DEATH	1	ONSET AND DEATH
		LEADING TO DEAT	TH	Can	0	el Blad de	(
	heart failu	not mean the mode or, asthenia, etc. It mea	ns the diseas	e,	CUM HC 104	2 200 001	
	injury or	complication which	aused death	L) DUE TO	- 11 -	T	314/31/1933
_		ANTECEDENT CAUS	SES	Go.	. Dhiles	Faces.	
ő		S OR CONDITIONS, 11				1	***************************************
ATI	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
ERTIFICATION				(C)		************************************	***************************************
TIF		- 11					
ER		IGNIFICANT CONDI					
Ü		SEASE OR CONDITION					
A L	ISA. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION TO	alala au	20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-	218. FLA	ACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City,	YES NO Pive exact location)
MED	LYING OF	R CONTRIBUTING DEATH		arm, factory, street, office bldg., e	(c.) INJURY OCCUR?		
ľ	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRE		Y OCCUR?	
h			m.	WHILE AT NOT WHILE			
ij.	22. I hereb	y certify that I att	ended the	deceased from	19. V, to)	le 19 , 18)	, that I last saw the
F		live on 7-19		and that death occur		he causes and on t	he date stated above.
	234. SIGNA	TURA O	6.0	2	3B. ADDRESS	01	23C. DATE SIGNED
	4.0	my ther	JAK	, M. D.	5407 Belun	KU	17-21-27
TIC		Decify) (248. DATE	V	24c. NAME of CEMETER		OCATION (City, town,	or county) (State)
D	burial	July 22		Parkwood Cemet	ery Ral 25. FUNERAL DIRECTOR	timore, Md.	ADDRESS
	CAL REGIST	RAR	SIGNATU	114.	DINERAL DIRECTOR	011	
	JUL 271	952 1 tintu	aton 1	V. Minus MOD	Josephy Due	fol Hame 740:	l Belair Rd.
	VS 150		019	9 1900	N/		
			1	710)	4		

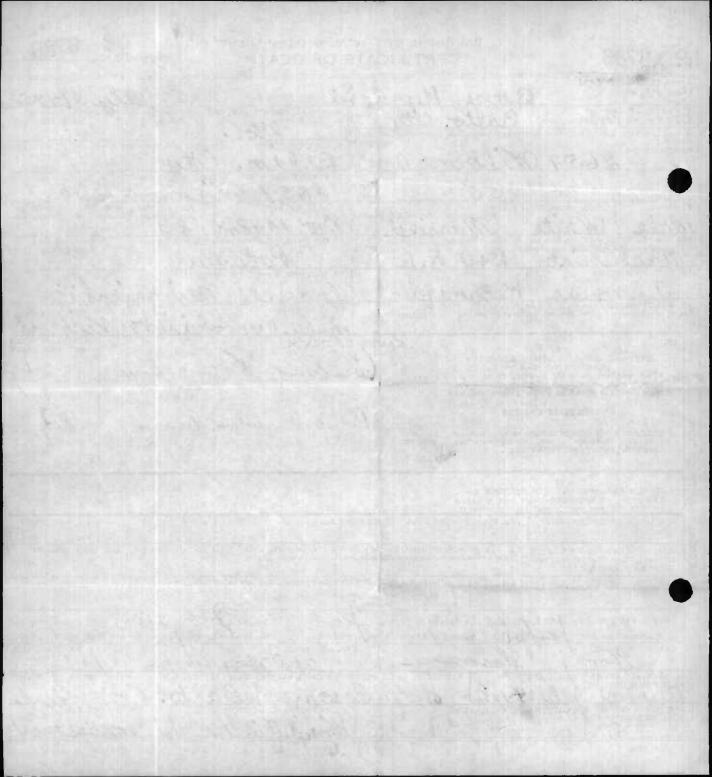




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BALTIMORE CITY HEALTH DEPARTMENT

1	Ктн NO. / 86	CERTIFICAT	E OF DEATH	Registered No	
1.	NAME OF DECEASED		0 .	2. DATE	
	Sype or Print) Roni	Ruros	ki	DEATH OUL	121-1952
	Baltimore City, Maryland Balt	o. City	4. USUAL RESIDENCE	(Where deceased hved, If it	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institu	tion, give stre address or location)		(Te autaida anunavata li-it-	THE PART OF LAND
	STITUTION 94.57 Wilh	ama Dava	Ralta	(If outside corporate limits,	township)
7	a do / VI AXAE	Yrs.	D. STREET ADDRESS (If rural, grye location)	
C.	Length of stay in Baltimore 50	Mos. Days	2657 M	alkens (we
5.		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years 10 last birthday) Mont	der i Year Il Under 24 Hours hs! Days Hours Min.
Z	Tale White III	arried	1100.10-186	8 83	
wor	A. USUAL OCCUPATION (Give kind of 10B. KIN planed during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	1 K.R	14. MOTHER'S MAIDEN	na	
	70 2000		7. MOTHER'S MAIDEN	NAME .	. 0 .
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	Murgeje	ski_
(Ye	s, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Many Kun	16:16570	1/1/4 Cap
	18. 1/2 2.1	CAUSE	OF DEATH	BURA FOU / VI	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	/:	o. Deni	^	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.	g., (A)	robine for	wor buy	Jehn.
	heart failure, asthenia, etc. It means the disea injury or complication which caused deat				11
	ANTECEDENT CAUSES	6) ,—		3
Z	DISEASES OR CONDITIONS, IF ANY, GIVI	· (B)	widen triumla	- derin	
TION	RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.				1
FICA	ONDERETING GONDITION EAST.	(C)			
	11	REAL PROPERTY.			
ERTI	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT				
ū	19A. DATE OF OPERATION 19B. MAJOR				LOC ALITODOVS
AL	198. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ACE OF INJURY (e.g., i		(If in Baltimore City, giv	
ME	CAUSE OF DEATH	, farm, factory, street, office hldg.,	htc.) INJURY OCCUR?		
1	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
h	m.	WHILE AT NOT WHILE		0	
	22. I hereby certify that I attended the	deceased from	1957, to_	7 1 1950	that I last saw the
		and that death oegh	rred atm., from	the causes and on the	
	23A. SIGNATURE	2	38. ADDRESS	1.0	234. DATE SIGNED
2	4A. BURIAL, CREMA- 2AB. DATE!	M. D. 24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	county) / (State)
TI	ON REMOVAL (Specify)	Halu R	010 × 11 6	alta Ca	mi
	ATE RECEIVED BY RECEIVED BY	URE	25. FUNERAL DIRECTOR	www. W.	DDRESS
5	CAL REGISTRAR Huntington 1	Higues Mas	Was & Find	KNIMBI 2 AN	Enterna!
100			<i>\ </i>		
-	VS 150		THE THE STATES	primary pury	CALL VALUE CONTRACTOR



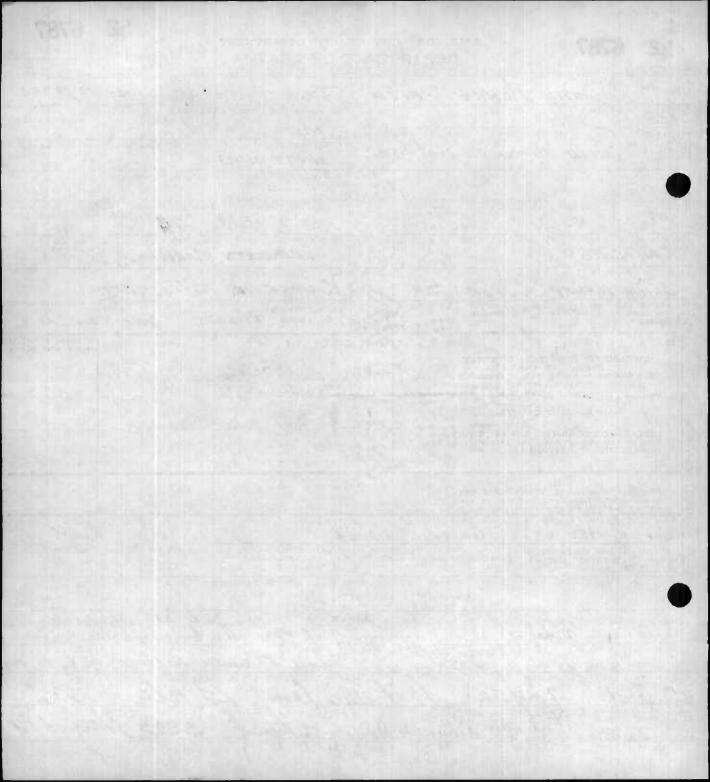
BIRTH NO.

52 6787

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

C	11-4	U	1	0	-
Registered	No				

1. NAME OF DECEASED (Type or Print) JOHN HENRY OPFER	JR. 2. DATE OF JULY 21, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 5300
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	S. DATE OF BIRTH 9. AGE (in years li Under I Year Months: Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work down during most of work ing life even if retired) ARPENIER (INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA.
JOHN HENRY OPFER SR	KATHERINA MEINSCHEIN
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service) 218-03-6247	17. INFORMANT HOSPITAL RECORDS. WINDOW MEMORIAL H.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	of DEATH al obstruction of sall ntestine stinal adhesian
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e. about home, farm, factory, street, office bidg.	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
TINJURY m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Arman A	
24A DURIAL, CREMAN 24B, DATE TION EMOVAL (Sporify T	



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	RTH NO.	700		CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D	ECEASED GUII	JO	RIZZO		2. DATE OF July	21, 1952
A.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I. B. COUNTY	
H	FULL NAME DSPITAL OR STITUTION	OF (If not in bospit 2924 Arl		ion, give street address or location) n A venue	Maryland c. city or town (In Baltimor	outside corporate limi	ts, write RURAL and give
7	noth of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (IE 2924 Arlingto		
5.	sex male	6. COLOR OR RACE White	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	B. DATE OF BIRTH July 18,1878	9. AGE (In years)	if Under I Year on the Days Hours Min.
10 worl	A. USUAL OC doseduring most of Merch	CUPATION (Give kind of f working life, even if retired) 1811	10B. KINE	O OF BUSINESS OR INDUSTRY	Sicily, Italy	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	Gaetano			Gendre. R	14. MOTHER'S MAIDEN N Frances Andoli		
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMEI (If you, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Frances R		Arlington
FICATION	heart failuinjury or DISEASES RISE TO TI	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication which is considered to the complete com	of dying, e. g ns the diseas eaused death SES F ANY, GIVIN STATING TH	(B) COOK	riscleratic C	bronicarth	ntis
CERT	TRIBUTING TO THE DI	II IGNIFICANT CONDITION TO THE OEATH, BUT ISEASE OR CONDITION F OPERATION 1	NOT RELATE	D /2 AMIL OF	minosis, ten	mineluren	20. AUTOPS ¥?
1EDICAL	21A. ACCID	ENT WAS UNDER-	21B. PLA	ACE OF INJURY (e. g., i	or 21c. WHERE DID (If in Baltimore City,	YES NO
M	21b. TIME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
21 TIC	deceased al	WEMA-1 24B. DATE	, 1952. ld		red at 1:05 A.m., from t 38. ADDRESS 706 Harford	he duses and on t	A July 21,52
D	Buria ATE RECEIVED CAL REGIST L 22195	1 7/24/		Holy Redee	mer Cem. Ba	7 0	aryland ADDRESS rford Road.
	VS 150	Mana.		29	06A		

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52	6789

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6789
Registered No.

BIRTH NO.	
I. NAME OF DECEASED (Type or Print) WALTER A. HILL	2. DATE OF DEATH July 21, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE Maryland Maryland Maryland Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
institution 3222 Evergreen Avenue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	Daltimore
Mos.	
ngth of stay in Baltimore Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	3222 Evergreen A venue 5. DATE OF BIRTH
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours Min.
	Jan. 31, 1879 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	West Virginia
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Hill	Mary Parker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) 215-07-2455	A Mrs. Bertie M.Hill, 3222 Evergree
18. 1774 CAUSE C	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	cinoma, Prostate, with 245.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	vic Net +>tasis
injury or complication which caused death.) DUE TO	1,0 140102/02/3
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	lerotic Cardio-Vasculur 4yrs.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	devolic cando-nascalab Lais.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
N Company of the comp	YES NO
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. WORK L. AT WORK L.	8 C. 10 494 JULY 10 Webst Hast countly
22. I hereby certify that I attended the deceased from	, 19 , that I last saw the
deceased alive on 4414, 1952, and that death occurr	
2 A. SIGNATURE	38. ADDRESS DE GOLD ALLO SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	
	emetery Baltimore, Naryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS ADDRESS
11 22 1952 Turtington Vallacus My	pnard Jork, 5305 Harford Road.
VS 150	
5/2	UM
V/ ph	

2	-42			BAY			-II DED40-			52	6790
ВІ	52 E	5790			CERTIFIC				Register		0730
	NAME OF ype or Print)			ucci, I	tale				2. DATE OF DEATH 7	-22-5	2
A.	PLACE OF Baltimore FULL NAMI	City, I			ore, Md.	A	. USUAL RESIDE	ryland	B. COUNTY		tution : residence before admission)
HC	STITUTION		aint Jose		loc	-41>	GITY OR TOWN	(If ou	tside corporate	limits, wr	ite RURAL and give township)
	ngth of	stay in	Baltimore			Yrs. D Mos. Days	STREET ADDRE	Ma	riella	"an	e
	Male	-	Chite		MARRIED, VED DIVORCED (S Pled		DATE OF BIRTH		last birthday)		1 Year If Under 24 Hours Days Hours Min.
		t of working	ION (Give kind of glife, even if retired)		OF BUSINESS OF INDU		. BIRTHPLACE (S	State or forei	gn country)		CITIZEN OF WHAT COUNTRY?
13	RALP	hame	Nioco	Lucci			MOTHER'S MA		herini		
	. WAS DECEA	SED EVER	R IN.U. S. ARMEI	D FORCES!	16. SOCIAL SECURITY	NO. 17	. INFORMANT	- X	liccoluc	ADDR	ESS
ERTIFICATION	(This do heart fai injury of DISEAS	LEAD es not m lure, asth or compli ANTEC ES OR C THE ABO	CONDITION LING TO DEA' ean the mode of enia, etc. It mes cation which of CEDENT CAUS ONDITIONS, I OVE CAUSE (A) CONDITION LA	TH of dying, e. g ons the diseas caused death SES F ANY, GIVIN STATING TH	(B)	•st •j	erative so	************	l resect	ion	
CERTIF	TRIBUTII	NG TO TH	II ICANT CONDI IE DEATH, BUT OR CONDITION	NOT RELATE	D D						
AL	19A. DATE 7-1	OF OPE	RATION 1	9B. MAJOR	FINDINGS OF	OPERAT	ION				20. AUTOPSY?
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	22. I here deceased 23A. SIGN	alive on		tended the	and that death	occurred 23B	ADDRESS Ley	, from the	7-22,1 causes and c spital	on the d	at I last saw the ate stated above. 3c. DATE SIGNED 7-22-52
TIC	ATE RECEIVED CAL REGIS	(Specify)	PREGISTRAN	52 s signati	Balk	METERY 1	or CREMATORY TIME FUNERAL DIR LUCA	B	Ation (City, to alto	m	ounty) (State) of popess Rd. auford
	VS 150		Mes	g	52	33	G				

THE RESERVE OF · CA . STR. L. L. D. L. STR. D. D. STR. D. D.

BALTIMORE CITY HEALTH DEPARTMENT 6791 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Apostolov enice DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. CQUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or ALtimore HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. LASIERN ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of workion life, even if retired) INDUSTRY WHAT COUNTRY rusen reece FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED PORCES?
(Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or uoknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ARCINOMAloses LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES . 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

210. TIME (Month) (Day) (Year) (Hour)

21F. HOW DID INJURY OCCUR?

INJURY

24B. DATE

NOT WHILE WHILE AT

WORK AT WORK 19 7. to

22. I hereby dertify that I attended the deceased from 144 deceased alive on avly 31

, 1952, that I last saw the 1957, and that death occurred at 1:15 Am., from the causes and on the date stated above. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE

24b. LOCATION (City, town, or county)

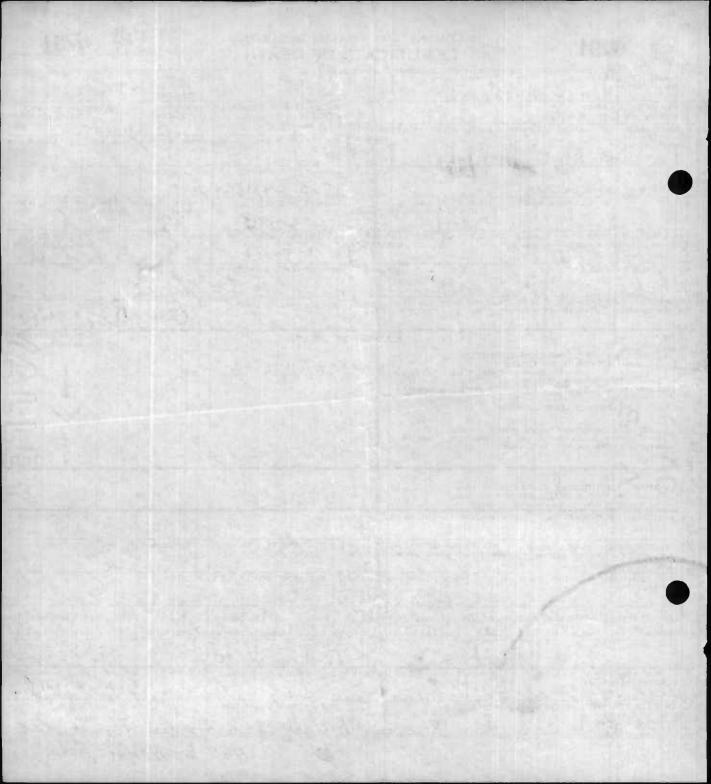
24A. BURIAL, CREMA-TION REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY OCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR



52 6792

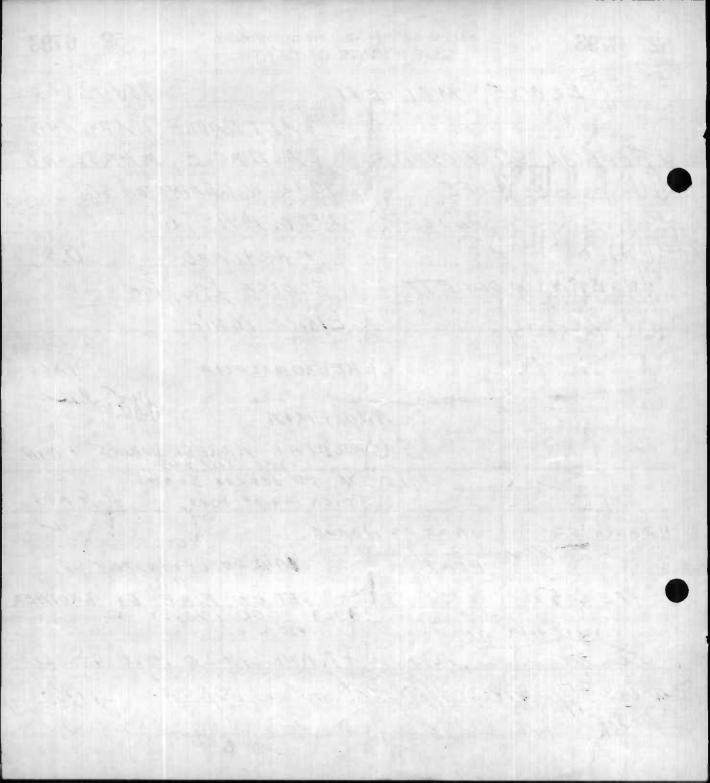
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No_

6792 52

BIRTH NO.	
1. NAME OF DECEASED	2. DATE
(Type or Print) ANNA R. Hous Ley	DEATH JULY 20, 1952
a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
2305 ST. PAUL ST.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore LIFE Mos. Days	3112 HAMMONDS FERRY RD.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 11 Under 124 Hours Months; Days Hours; Min.
FEMARE WHITE WIDOWGO	Nov. 25, 1872 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN W. O. SNEY	Arice UNIXNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MINT BEULAH HOUSLEY 3112 HAMMONDS FERRY ED
18. 14.2.2.1 CAUSE	OF DEATH INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	I. Centre Marre da
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	un re was cruefin
injury or complication which caused death.) DUE TO	Entrahand arterior-
ANTECEDENT CAUSES	1 2 8 1 1 9
Z (B)	lender Challesulle & Star
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	endous allows !
UNDERLYING CONDITION LAST.	replace governs
(C)	Semilate
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	
	etc.) INJURY OCCUR?
Z D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	157 10 120 120
22. I hereby certify that I attended the deceased from	1979, to 1 19 Khat I last saw the
	rrcd at Co. p.r., from the causes and on the date stated above.
Hosent & Lankartimo.	679 Lashin for Brd 230. DATE SIGNED
244 BURIAL, CRIMA- 24B, DATE 24C, NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL. JALY 23, 195~ LOUDEN YARK	1-45111111
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUL 22 1952 Tuntington Williams MA	Joseph . Grander 1328 Dulphur Spring Co
VS 150	

10.0 ENERGY JAS . 7. CONTRACTOR AND A The second secon W. A. L. J. B. W. STERRES The second second AMERICAN STREET, STREE THE RESERVE OF THE PARTY OF THE PARTY.

52 6793 B	CERTIFICATE OF DEATH	Registered No_	6793
1. NAME OF DECEASED (Type or Print) FL 0/SE	MOLLETT	2. DATE OF DEATH /8 OU	14152
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or insti	4. USUAL RESIDENCE A. STATE itution, give street address or	MORE MARY	tution: residence before admission)
HOSPITAL OR INSTITUTION FRANKLIN SQ.	40571TAL BALTIM	(If outside corporate limits, wr.	township)
Length of stay in Baltimore L/	FE Mos. 1042 W. 1	(If rural, give location) EXINGTON ST.	18-02
F C S/	SLE, MARRIED. OWED, DIVORCED (Specify) 2, FEB. 194	9. AGE (In years last birthday) Months	Days Hours Min.
work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY MARYL	AND	WHAT COUNTRY
JOSEPH MOL		Butler	
(Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	olle	ESS
18. 332 x and E916.0 DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	CEREBROMALAC		NTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused de-		OV	her M. 1
ANTECEDENT CAUSES	ANOXEMIA	Mound	EDICAL EXAMINEN.
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BALTIMORE CITY HEALTH DEPARTMENT 6794 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live. If it A. Baltimore City, Maryland B-COUNTY_ before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF 1111150 HOSPITAL OR C. CITY OR TOWN (if outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGUE, MARRIED 9. AGE (In years) Of Under i Year If Under 24 Hours OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Mr. 19 18 single 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Lau auselleener 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1 Charl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Meso. heart failure, asthenia, etc. It means the disense, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

YES V NO 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baitimore City, give exact location) INJURY OCCUR? about home, ferm, factory, street, office bldg., etc.)

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT WAS UNDER-

2 IE. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

19 12 to.

INJURY WHILE AT NOT WHILE WORK AT WORK

22. I hereby certify that I attended the deceased from July

deceased alive on July 20, 19 and that death occurred at 1 23A. SIGNATURE

23B. ADDRESS

24B. DATE

P. m., from the causes and on the date stated above. 23c, DATE SIGNED 20

20. AUTOPSYT

BURIAL, CREMA-240 LOCATION (City, town, or punty) 24C. NAME OF CEMETERY OR CREMATORY

GCAL REGISTRAR

FUNERAL

DATE RECEIVED BY SIGNATURE

VS 150

RTIFICATION

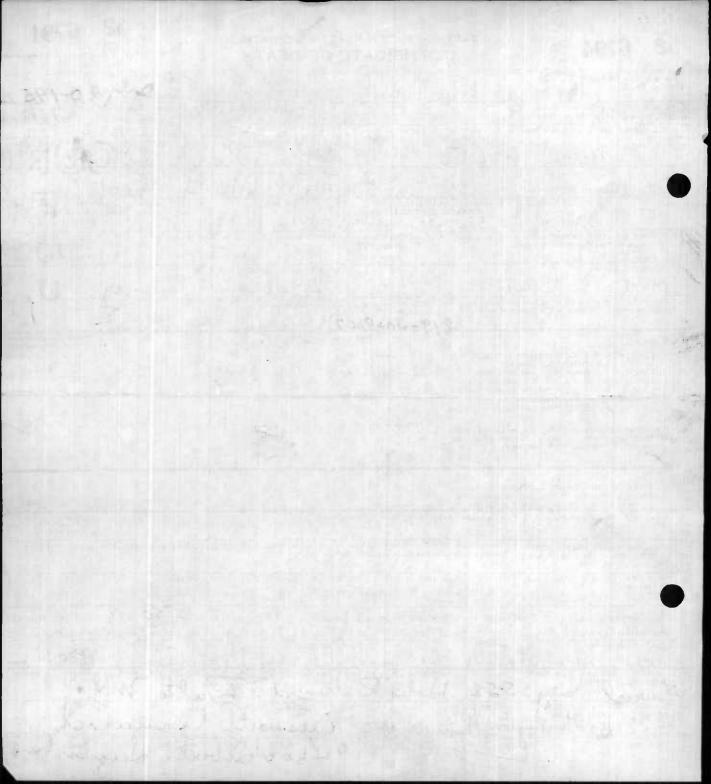
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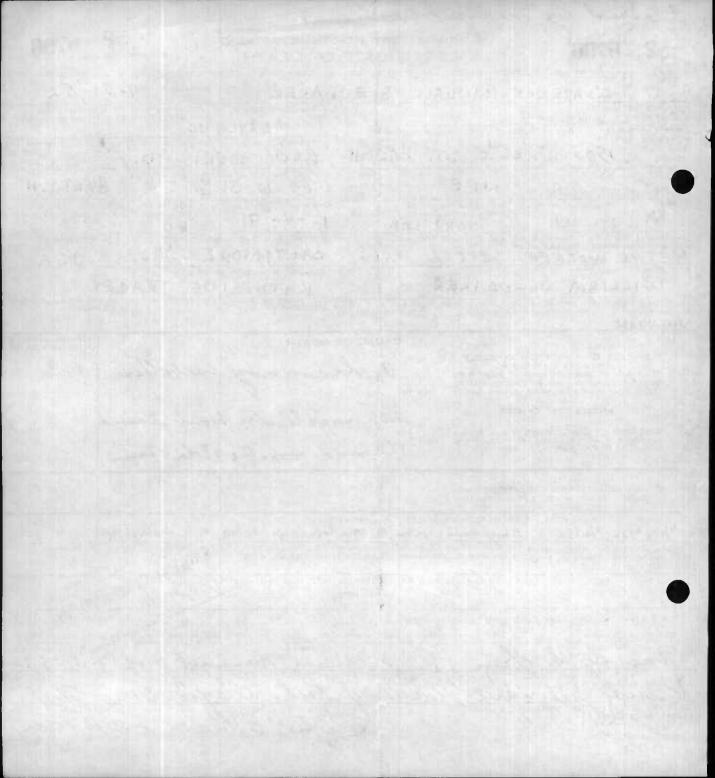


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	52 6	795	BAL	TIMORE CITY HE	EALTH DEPARTMENT	52	6795
В	RTH NO.			CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF D	ECEASED 7	elian	n to	rter	2. DATE OF July of	20/900
	PLACE OF D Baltimore (EATH: City, Maryland	00007	70	4. USUAL RESIDENCE (W		tution : residence before admission)
H	FULL NAME			ion, give street address or location)		outsid corporate limits, w	anus del
	STITUTION	JOHNS HO	PKINS HO		Unnap	olis	township)
	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 1	ox 658	5200
5.	nale	Colored or RACE	7. SINGLE	MARRIED, PED, DIVORCED (Specify)	mah. 23 /4/8	9. AGE (In years If Under last birthday) Months	
MOL	done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign/country) 12.	CITIZEN OF WHAT COUNTRY?
	PATHER'S	NAME	1	•	14. MOTHER'S MAIDEN NA	AME	
1 =	WAS DECEASE	ED EVER IN U. S. ARMEI	rer		Carril	wright	
(Ye	, no or unknown)	(If yee, give war or date	os of service)	16. SOCIAL SECURITY NO.	JOHNS HOP	KINS HOSPITAL	ESS
	18. 44:	3X ,		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEA not mean the mode of	TH	Cerebra	vercular acc	· dent	6 lus
	heart failu	re, asthenia, etc. It mea complication which of	ins the disease	2.			
		ANTECEDENT CAUS	SES	lance	1		
ATION	DISEASES RISE TO TI	OR CONDITIONS, I	F ANY, GIVIN	G (B)	funne card	overena,	
CAI	UNDERLY	ING CONDITION LA	AST.	(C)		mac	
ERTIFIC	OTHER S	II IGNIFICANT CONDI	TIONS CON				
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
AL.	19a. DATE O	F OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF I	ENT WAS UNDER-	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., s	or 21c. WHERE DID (Inte.) INJURY OCCUR?	f in Baltimore City, give	exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
h			m,	WORK NOT WHILE	72	/	
	22. I hereby	y certify that I att		deceased from 7	7 20 19 12 to		at I last saw the
	23A. SIGNAT		00		3B. ADDRESS JOHNS HOPKINS	s HOSPITAL	C. DATE SIGNED
24	A. BURIAL.	MEMA- 248, DATE	elus	м. D.	JOHNS HOPKING	OCATION (City, town, or c	1120152
	N, REMOVAL (S	pecify) A D		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC		
4	TE RECEIVED	July 23,	1952	Broadneck	centery Slice	lmore, a. a. Lo.	
	JL 2719		1952 SIGNATU	Broadneck RE	25. FUNERAL DIRECTOR	lmore, a. a. Lo.	
			1952 SIGNATU	Broadneck RE	centery Skis	lmore, a. a. Lo.	ounty) (State)

South over without work and the little Sand Mile harry of heart

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) CHARENCE RANDALL SLENBAKER 7-21-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURA Fund give INSTITUTION BALTO. II ALTIMORE, Yrs. D. STREET ADDRESS (If rural, give location) Mos. W. 36 Th ST. ength of stay in Baltimore Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years It Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. MARRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNT METAL WORKER SEIDEL BRUS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KATHERINE TRACEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) ADDRESS (Yes, no or unknown) SECURITY NO. UNKNOWN CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ZOIFY DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-冚 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 0) L. Lumban Sympather (2) Midthigh dup. Liftleg (3) K. hundan Sympa yes (In in Baltimore City, give exact location)

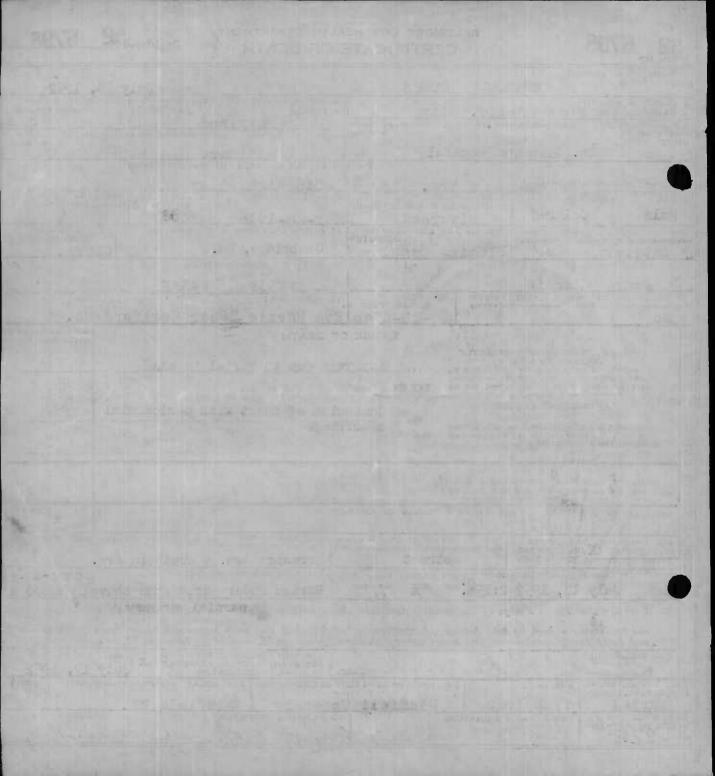
RIFICATION APPROVED BL 21B. PLACE OF INJURY (e. g., in or | 21A. ACCIDENT WAS UNDER-21c. WHERE DID ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21F. HOW BID INJURY OCCUR 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from_ ASST that I last saw the m., from the causes toale deceased alive on. the date stated above. 19____, and that death occurred at-234. SIGNATURE 28CADATE SIGNED DATE RECEIVED VS 150



BALTIMORE CITY HEALTH DEPARTMENT

52 6797

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Pr OF nuous DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGUE MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) II Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days Hours: Min. Jarred 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY LABOREN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 509.5090 SUHOL HOPKINS HOSPITAT 62X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH houcho genis caremonia RVL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ ___, 1953 and that death occurred at \$550m., from the causes and on the date stated above, deceased alive on 7-18 23A. SIGNATURE 23c. DATE SIGNED HOPKINS HOSPITA 24A. BURIAL. CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify June DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR untinglow



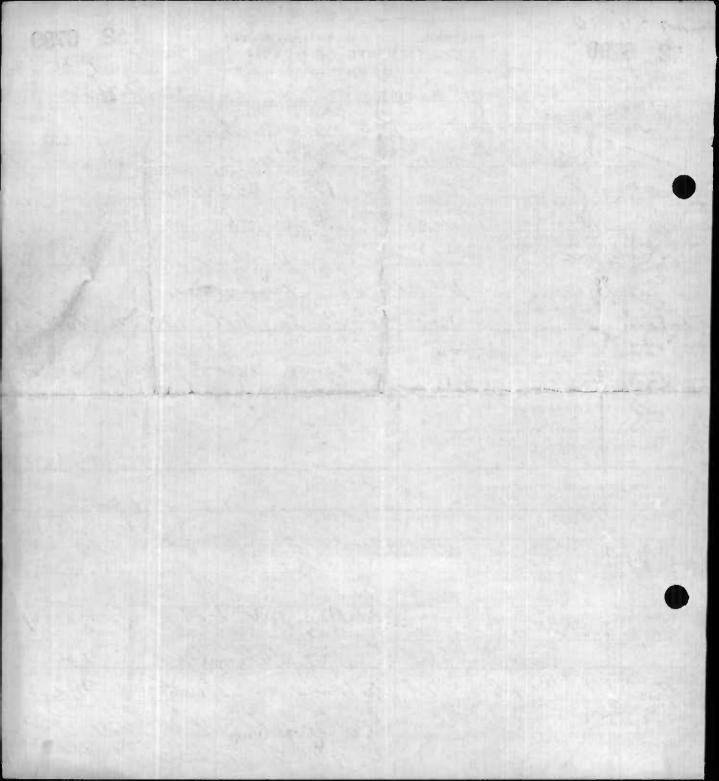
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CIT INSTITUTION township) D. STREET ADDRESS At rural give location Yrs. Mos. ength of stay in Baltimore Days 5. SEX S. COLOR OR RACE 7. SINGLE, MARRIED. H linder 1 Year AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. Marrie 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? sure dore Mula 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO 20-53-891 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH vo, Cardio (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certifu that I attended the deceased from. 192 10 . 19 . that I last saw the 195 Vand that death occurred at 3 deceased alive on _m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

ADDRESS

VS 150

RECEIVED BY

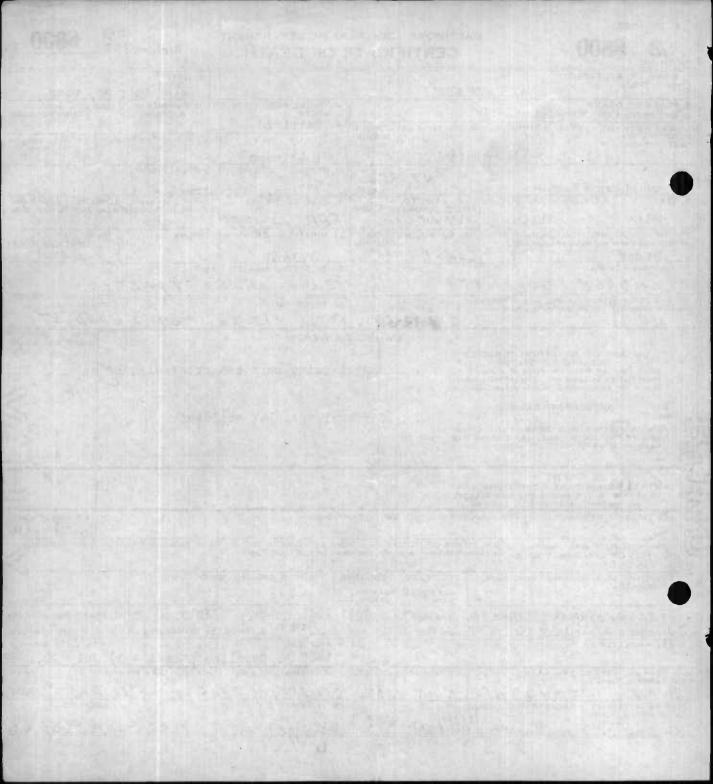


T452

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6800

В	RTH NO.	7000		CERTIFICATI	E OF DEATH	Registered 1	10.
	NAME OF D	ECEASED				2. DATE	
(T	ype or Print)	MAX	GOL	ANSKI		OF DEATH July	20. 1952
Α.		City, Maryland			4. USUAL RESIDENCE ()		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospita	al or institut	ion, give street address or location)		f outside corporate limit	s, write RURAL and give
		St. Joseph!	s Hospi	.tal	Baltimore	2 - 0	(dwinship)
C	ength of s	tay in Baltimore		47/0 Mos. Days	D. STREET ADDRESS (If		
5.	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH		f Under 1 Year If Under 24 Hours
	Male	White	Wi	dowed (Specify)	FEB. 19 1888	64	onths Days Hours Min.
		CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Grocer			ELF.	Poland		U.S.A.
13	FATHER'S			(14)	14. MOTHER'S MAIDEN N		•
		REW GOL			TEKLA. AND R	ZETEWSK	1
(Ye	. WAS DECEASI	ED EVER IN U, S. ARMED (If yes, give war or deter	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	NO	_		219-32-5214	FREDA ZIELSK	1 737 SL	BOND ST.
. CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDITION LEADING TO DEAT a not mean the mode of tre, asthenia, etc. It mean complication which c ANTECEDENT CAUS SOR CONDITIONS, IS THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT SISFASE OR CONDITION OF OPERATION	H f dying, e. g ns the diseas aused death ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B) Cerel			INTERVAL BETWEEN ONSET AND DEATH
Y							YES NO X
EDICAL		ENT WAS UNDER		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY		m. 1	WHILE AT NOT WHILE			
	22 I horeh	a contifu that I att		deceased from Jul	y 16th 1952 to	July 20 1952	that I last saw the
	deceased a	live on July 20	19 52	and that death occur	red at 5: 40a m., from t	the causes and on t	he date stated above.
	23A. SIGNA		1		Зв. ADDRESS		23c. DATE SIGNED
60		(7. 7	france M.D.	1400 N. Carolin	ne Street - 1	3 July 20,195
	A. BURIAL.	Specify		24c. NAME OF CEMETE		OCATION (City, town	
	BURIA L	- 111/4		HOLY CROSS	25. FUNERAL DIRECTOR	RMAN HIZL	ADDRESS
	CAL REGIST			Cliaus, My.	Deptel Bro	2 1800 E L	OMBARD ST.
	VS 150	0	9 6	2000	160019		



52₀ 6801

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6801 Registered No.

	NAME OF D		ETER	ENDRE	s.	2. DATE OF DEATH JU	LY 20 1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I	f institution : residence before admission)
	FULL NAME	OF (If not in hospit	tal or institution	n, give street address o		LAND.	
IN	SPITAL OR		1100	location	c. CITY OR TOWN	If outside corporate lim	its, write RURAL and give township)
	044	DOCTOR'S	705	PITAL		MORE 4	o - O tan township)
				Yrs. Mos.	N .	f rural, give location)	
		tay in Baltimore		Days	204 N CA		7
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED. D, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours In Under 1 Year If Under 24 Hours Min.
-	TALE	WHITE	MAA	RIED.	NOV 3 1887		
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	F BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
	SAW	OPT.	REVER		1 0	RE	WHAT COUNTRY?
13	FATHER'S			een Cupy enly	14. MOTHER'S MAIDEN		
	MAXAI	MILLIAN	ENDA		CATHERINI	9	
15	. WAS DECEASE	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	e, no or unknown)	(If yes, give war or dete	es of service)	SECURITY NO.	_		
_	1B. 151	. /	P	15-10-006	CORA ENDRE	J NOAN	CHAPEL ST.
	1-1	X		CAUSE	OF DEATH	1	ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Ho	montegal. As	(rugel)	
	(This does heart failu	not mean the mode ore, asthenia, ctc. It mes	of dying, e.g.,	(A)			
	injury or	complication which	caused death.)	DUE TO	1 0 14	- //	
	Management	ANTECEDENT CAUS	SES	//	(inequal) Illan	unels)	
Z	DISTAGE	CONDITIONS		(B)	unina suu		
5	RISE TO T	S OR CONDITIONS, I	STATING THE	DUE TO			
A	UNDERLY	TING CONDITION LA	AST.	(C)			
FIC							
CERTIFICATION	OTHER S	II IGNIFICANT COND	ITIONS CON-				
E	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
0				INDINGS OF OPE	RATION		20, AUTOPSY?
AL							YES NO 4
EDICAL	LYING OI	ENT WAS UNDER-	218. PLAC	E OF INJURY (e. g., n,factory,street,office bidg.	in or 2IC. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City,	
Σ	CAUSE OF						
	F INJURY	(Month) (Day) (Year)	WH	E. INJURY OCCURE ILE AT NOT WHILE ORK AT WORK		Y OCCUR?	
	20 77 1			1.	V VV	112 10	5/
		y certify that I att	tended the di	sceuseu IIviii		1 /	that I last saw the
	23A. SIGNA	live on hely to	_, 19_V_L, ar	ed that death occu	rred at Markets from 1	the causes and on	the date stated above.
	" Nu	1 11	week	M. D.	238. AUDINESS 1/1	culies	23c. DATE SIGNED
24	A. BURIAL, ON, REMOVAL (S	CREMA- 2/4B. DATE	24	C. NAME OF CEMET	ERY OR CREMATORY 24D. I	LOCATION (City, town	n, or county) / (State)
CIC	BURIN	. M /	4/9/2	YOLY RES	DEEMER CEN L	BELAIR RO	OND MU.
	ATE RECEIVE	D BY REGISTRAR	SSIGNATUR		25. FUNERAL DIRECTOR		ADDRESS
Jt	CAL REGIST	52" Hunti	ugton /	Miscus, Mys	10-16-6 B	B. ISON F	LOMBARD ST.
=	VS 150		0. 0	1 7 13	TO THE WAR	0	
	V3 150		7	690	C		

27 M Eastern Ave De Janorski

Wurselman .

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6802

BIRTH NO.					
	ANCES C	ARCIINE MUSSE	LMAN	2. DATE OF JU DEATH	ly 21, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION) 510 E. Nort		ion, give street address or location)		B. COUNTY	institution: residence before admission) ts, write RURAL and give township)
ength of stay in Baltimore		Yrs. Mos. Days	7-0-	rural, give location)	
5. SEX 6. COLOR OR RACE female white	singl	E. MARRIED, ED, DIVORCED (Specify)	Aug. 4. 1869	9. AGE (In years last birthday) M	onths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Bookkeeper 13. FATHER'S NAME	Plumbi	of Business or INDUSTRY	Maryland 14. MOTHER'S MAIDEN NO.		12. CITIZEN OF WHAT COUNTRY?
Hiram D. Musselman 15. WAS DECEASED EVER IN U.S. ARMEE	FORCES?	16. SOCIAL	Caroline V. Went	2	DDRESS
(Yes, no or unknown) (If yes, give war or date	of service)	none	Mrs Glory P. La		
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with the complication which complication with the complication which complication with the complication which complication with the complication which complication with the complication which complication which complication which complication which complication which complication which complication with the complication which complication with the complication with the complication which compliss with the complication with the complication with the complicat	FH dying, e. g ns the disease aused death. ES. FANY, GIVIN STATING TH	(B) (B) (C)	brad Arterio betes Melli		S 140.
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	CAUSING 17	r. FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	about home, for	CE OF INJURY (e.g., in arm, factory, street, office bldg., e	tte.) INJURY OCCUR?	f in Baltimore City,	YES NO give exact location)
22. I hereby certify that I att deceased alive on 23 SIGNATURE 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	ended the 1952.	deceased from Acund that death occur M.D. AC. NAME OF CEMETE	38. ADDRESS /80/EUT		that I last saw the he date stated above. 23c. DATE SIGNED Or county (State)
DATE RECEIVED BY REGISTRAR:	+ 111	Parkwood Cem.	25 F MERAL DIRECTOR	claner	ADDRESS Y Sous
VS 150	1 9	5 2 0 1	0670	Latto 17,	md.

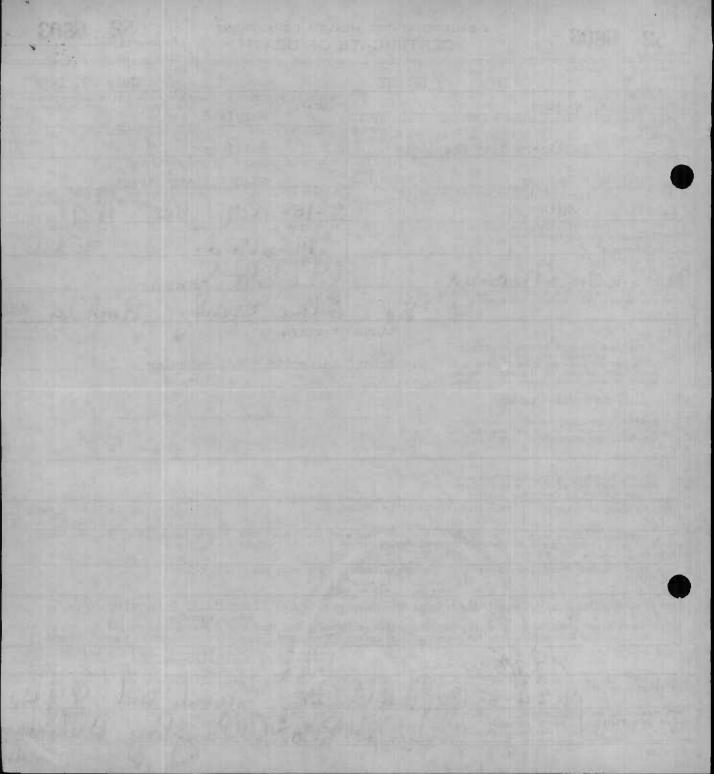
Constrat material lesses Diebotes Hellion

00	
52 BIRTH NO.	6803
. NAME OF	DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6803

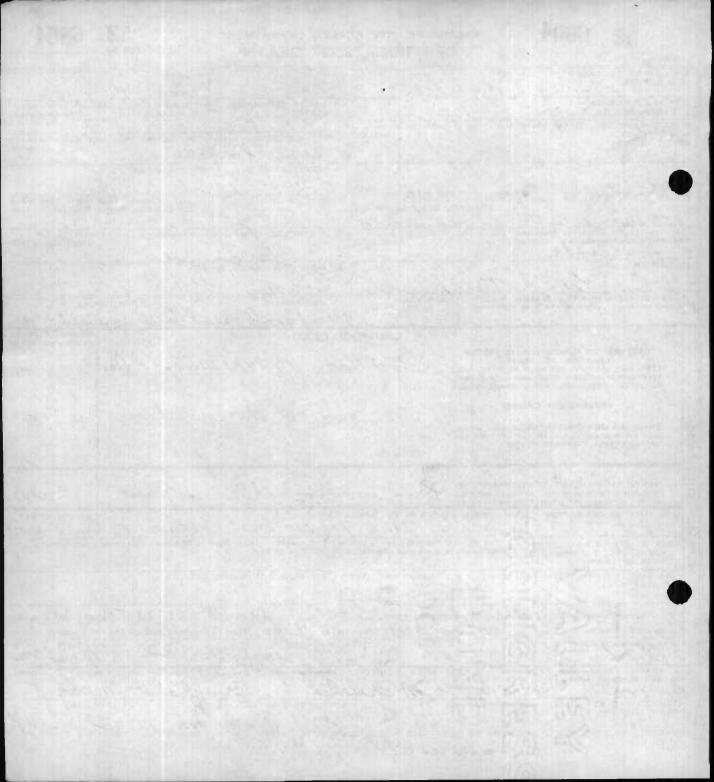
B	RTH NO.						
	NAME OF C	ECEASED	DORA	DISNEY		2. DATE OF DEATH	July 22, 1952
	PLACE OF D Baltimore	City, Maryland			A. STATE	ICE (Where deceased	d lived. If institution: residence
H	FULL NAME OSPITAL OR ISTITUTION	OF I'f not in hospit	al or institutio	n, give street address or location)	c. CITY OR TOWN	yland (If outside corpo	orate limits, write RURAL and giv
	- ISTITUTION	Baltimore	City Hos	spitals	Bal	timore	/ township
				Yrs. Mos.	D. STREET ADDRES		
5.	SEX	tay in Baltimore			8. DATE OF BIRTH	O Elliott S	
	female	white		D. DIVORCED (Specify)	3-15-1181		hday) Months Days Hours Min
wor!	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE St	ate or foreign country	y) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S I	dor Th	omas	,	MO HER MALE	S ASMA	
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	G-LINE D.	way	RADDRESS IN
	18. 42	2.1.		CAUSE	OF DEATH	0	INTERVAL BETWEE
		SE OR CONDITION LEADING TO DEA	TH			100	
	heart failt	s not mean the mode oure, asthenia, etc. It mea complication which	ans the disease.		osclerotic ca	rdiovascula: disease	<u>C</u>
		ANTECEDENT CAUS		1000			
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVING	, -,	•••••••••••••••••••••••••••••••••••••••		
ERTIFICATION	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	DUE TO			
IC/		П		(0)			
RTIF		SIGNIFICANT CONDI					
CE	TO THE D	ISEASE OR CONDITION	CAUSING IT.				
	ISA. DATE C	F OPERATION 1	9B. MAJOR F	INDINGS OF OPER	ATION		YES NO X
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB. CAUSE OF DEATH.	21B. PLAC	E OF INJURY (e. g., in n, factory, street, office bldg., e	21c. WHERE DIE	(If in Baltimor	re City, give exact location)
M		Month) (Day) (Year)	WH	E. INJURY OCCURR	ED 21F. HOW DID II	NJURY OCCUR?	
	22. I certi	fy that I took char		emains described a	hove, held an ins	pection & in	nquiry thereon and from
	the evi	dence obtained by	said Autop:	sy, Inspection or I	Au nguiry, find that se	topsy, Inspection or aid deceased died	Inquiry d on the day stated above de , undetermined .
	23A. SIGNAT				23B. CHIEF MED ASSISTANT MED	ICAL EXAMINER	23c. DATE SIGNED
24 TIO	A. BURIAL. C N. REMOVAL (S	CREMA- 248. DATE pecify)	24		D. MEDICAL INVES	LIGATOR(Ci	
DA	TE RECEIVE	RAR III A.	SSIGNATUR	The state of the s	2 FUNERAL DIREC	Bo DO	ADDRESS
7	0 6 6 6 E	52 Thurtin	ylon We	Charles AND	Town A	Whank for	ras Baltando
V	S 151		1 (3	en 200		Q	& which



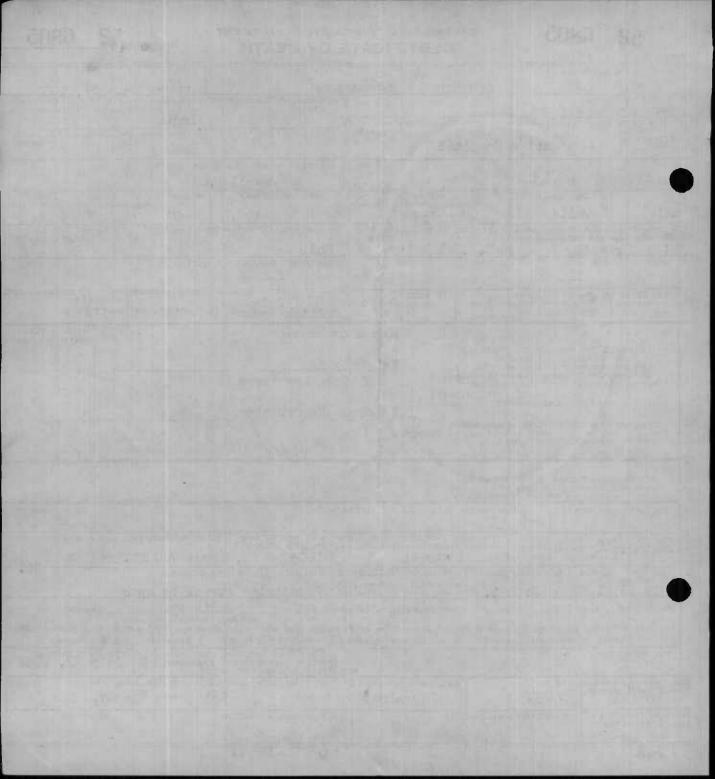
BALTIMORE CITY HEALTH DEPARTMENT

52 6804
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF
Morg. Occilla.	DEATH //2/162
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived if institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Me Pattineare
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Halelhorpe 5300 winship)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore — Mos. Days	5714 Trist are
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF SIRTH 9. AGE (In years f Under Year ff Under 24 Hours last birthday) Months; Days Hours Min.
Selmale white wishould	83 appo last orthogy months bays hours min.
TOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done defing most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
all michoth - la	11 . 1/2
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	annel Carly
(Yes, no or unknown) (If yes, give war or dates of nervice) SECURITY NO.	IT INFORMANT ADDRESS
	sampson funcial Home leveraged of mas
18. 584X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	DIAC INSUFFIENCY + HCIDOSIS 3DAYS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
injury of complication which caused death.) Doe 10	
ANTECEDENT CAUSES	ENLIZED ARTERIOSCIEROSIS 30 VENRS
DISEASES OR CONDITIONS, IF ANY, GIVING	CALIZED MRTERIOSCIEROSIS 30 YEARS
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
ii.	
OTHER SIGNIFICANT CONDITIONS CON-	10 101
W TRIBUTING TO THE DEATH, BUT NOT RELATED 1057- 0P	ERATIVE (SURGIENT) Shoeld 3 DAYS
TO THE DISEASE OR CONDITION CAUSING IT.	
7 19-52 1 1/2 1 1/2	YSTITIS WITH LITHIASIS YES NO E
U Jan BLACE OF INTERVAL	
LYING OR CONTRIBUTING about home, farm, factory, afreet, office bldg.	
S CAOSE OF SEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 7	7-10 ,1952 to 7-21 ,1952 that I last saw the
deceased alive on 2-21, 1952 and that death occur	1145
	23B. ADDRESS 23C. DATE SIGNED
Steplen R. Vacheris	St. Clares Hospital 7/22/52
24A. BURINL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY CREMATORY 240. LOCATION (City, town, or county) (State)
TION REMOVAL (Specify) 7/22/5- PA m. A	0- les 0:00 mans
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FOINERAL DIRECTOR
UL 66 1332 ming or Volable with	11 m. Goode. onc., 1217 fb. faul &
VS 150 H + + Williams MOP	1000



(Type or Print)	DECEASED			2. DATE OF		
3. PLACE OF E	DEATH:	DOMIN	NIC FERNAN			ly 21, 1952
A. Baltimore	City, Maryland	al an institut	ion, give street address or	A. STATE	B. COUNTY India	hefore admission
B. FULL NAME HOSPITAL OR INSTITUTION		Hospit	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give bombay D. STREET ADDRESS (If rural, give location)		
			Yrs. Mos.			
	stay in Baltimore		Days	Wavell House 12-06		
male white			e, married, /ed, divorced (Specify) pried	8. DATE OF BIRTH	FE OF BIRTH 9. AGE (ln years ft Under Year ft Under Year	
IOA. USUAL OC ork done during most Shins Car	ccupation (Give kind of of working life, even if retired)	-	O OF BUSINESS OR INDUSTRY Jalakala	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEAS	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL [cs, no or unknown] (If yes, give war or dates of service) SECURITY NO				17. INFORMANT ADD	
no or distribution	(11 yes, give war or date	s of service)	SECURITY NO.	Pritish Consu	late, Gillett	
RISE TO UNDERL	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II GIGNIFICANT CONDI G TO THE DEATH, BUT	STATING THE	(C)	al Hemorrhage		
	SEASE OR CONDITION	CAUSING I		ATION		20, AUTOPSY?
1 100. DATE	OF OPERATION I	9B. MAJOR	FINDINGS OF OPER	ATION		YES X NO
21A. EXTER UNDERLYIN UTING	west of Gould					
2 ID. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR			2.11.1
11y 18	1952 2:00) A. m.	WORK NOT WHILE		struck by auto	2-414
the ev	idence obtained by eath in my opinion	said Auto	rcmains described a psy, Inspection or I rom: natural causes	nquiry, find that sai \Box , accident X , suice	cide [], homicide []	the day stated above
23a. SIĞNA 24a. BURIAL,	Con HIL	line		238. CHIEF MEDIC ASSISTANT MEDIC D. MEDICAL INVESTI	GATOR	July 22, 1952
TION. REMOVAL (S	7/23/52		Lorraine Co	metery	Bultimore Con	enty, Maryland
DATE RECEIVE		SIGNATU	RE	25. FUNERAL DIRECT		ADDRESS
	of the store	VVITLE	Charles 1	I'm. Evole, 6	ac. 1217 S	t. Paul Strop

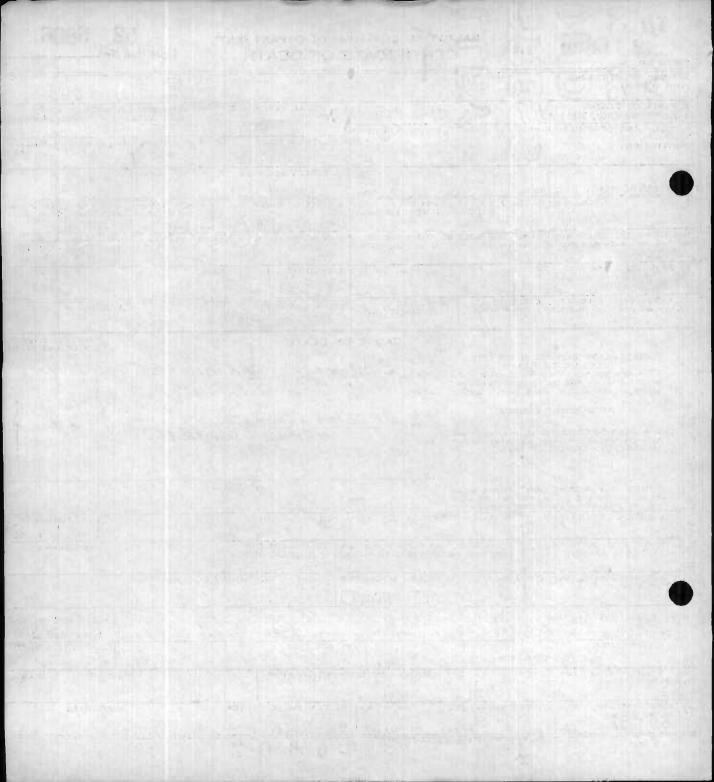


52 6806

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6806
Registered No.

RTH NO.								
NAME OF Dome or Print)		-				y 20 1952		
Baltimore (City, Maryland Cor (If not in hospi	tal of Metrus	fon, give street address or location)	c. CITY OR TOWN (I	B. COUNTY	f institution; residence before admission) its, write RUPAL and give township)		
ength of s			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE Male White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOW		8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year		if Under 1 Year It Under 24 Hours fonths Days Hours Min.		
Carpenter			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
Don't kn	OW		Constr	14. MOTHER'S MAIDEN NAME Don't know				
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or uokoowo) (If yes, give war or dates			16, SOCIAL SECURITY NO.	17. INFORMANT AE Frank Leono 6416 Rosemont Ave		ADDRESS		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) CORONARY THROMBOSIS (B) ARTERIO SCLEROTIC (B) HEART DISEASE OTHER SIGNIFICANT CONDITIONS CON-								
19A. DATE O	F OPERATION	98. MAJOR	FINDINGS OF OPER	or 21c. WHERE DID	If in Baltimore City,	20. AUTOPSY? YES NO give exact location)		
22. I hereby deceased all	y certify that I att	ended the	while at not while work deceased from Not and that death occur	red at 5.39 Am., from to	uly 20, 195	2, that I last saw the he date stated above.		
riel/	July 2	3 /52	24c. NAME OF CEMETER Holy Redcemer	25. FUNERAL DIRECTOR	altimore			
	NAME OF ETPE OF PRINT) PLACE OF EBaltimore of EULL NAME SETITUTION PLACE OF EBaltimore of EULL NAME SETITUTION PLACE OF EBaltimore of EULL NAME SETITUTION PLACE OF EBALTIMOR OF SETITUTION PROBLEM OF SETITUTION PROBLEM OF SETITUTION IS. USUAL OCCUPATION OF THE SETITUTION OF THE COLUMN OF THE COLUMN OF THE SETITUTION	NAME OF DECEASED TOPE OF Print) JOSE PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit SEPITAL OR STITUTION St JOSEPh'S ength of stay in Baltimore SEX 6. COLOR OR RACE A. USUAL OCCUPATION (Give kind of dooe duriog most of workiog life, eveo if retired at repenter FATHER'S NAME On't know WAS DECEASED EVER IN U. S. ARME no or ucknow) ISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer in jury or complication which ANTECEDENT CAU: DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE OISEASE OR CONDITION L 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21A. REGISTRAR REMOVAL (Specify) REGISTRAR REGISTRAR	NAME OF DECEASED TOPE OF Print) JOSEPH LEON PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital of matital spiral of the company of	NAME OF DECEASED pe or Print) Peace of DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital of Institution, give street address or Joseph of Stay in Baltimore St Joseph's Hospital Pength of stay in Baltimore SEX 6. COLOR OR RACE White WIDOWED, DIVORCED (Specify) YEA MOS. DIVIDIAN ARRIED. WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Spe	NAME OF DECEASED proof Prints Baltimore City, Maryland LIL NAME OF (If not in bospital of Mathaton, give street address or SPITAL OR STITUTION St Joseph's Hospital A STATE MG C. CITY OR TOWN (II Baltimore STITUTION St Joseph's Hospital A STATE MG C. CITY OR TOWN (II Baltimore STITUTION St Joseph's Hospital A STATE MG C. CITY OR TOWN (II Baltimore STITUTION St Joseph's Hospital Paltimore On STREET Address (II Baltimore Days INDOWED, DIVORCED (Speedy) WIGOW. NOV 19 1890 10. KIND OF BUSINESS OR NOV 19 1890 11. BIRTHPLACE (State or INDUSTRY) Perenter FATHER'S NAME DON't know NAS DECEASED EVER IN U. S. ARMED FORCES? INDUSTRY DISEASE OR CONDITION DIRECTLY (This does not only the mode of Armice) DISEASE OR CONDITIONS DIRECTLY (This does or CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT HOT RELATED TO THE OBESASE OR CONDITION CON- TRIBUTING TO THE DEATH, BUT HOT RELATED TO THE OBESASE OR CONDITION CON- TRIBUTING TO THE DEATH, BUT HOT RELATED TO THE OBESASE OR CONDITION CON- TRIBUTING TO THE DEATH, BUT HOT RELATED TO THE OBESASE OR CONDITION CON- TRIBUTING TO THE DEATH, BUT HOT RELATED TO THE OBESASE OR CONDITION CON- TRIBUTING TO THE DEATH, BUT HOT RELATED TO THE OBESASE OR CONDITION CON- TRIBUTING TO THE DEATH, BUT HOT RELATED TO THE OBESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in er NOWAL SPEEDS OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21C. THE PROOF OF	NAME OF DECASED PLACE OF DEATH Baltimore City, Maryland St Joseph Hospital L. Usual Residence (Where deceased lived I a. STATE MC. CITY OR TOWN (If outside corporate in catton) St Joseph's Hospital CITY OR TOWN (If outside corporate in catton) STITITION St Joseph's Hospital CITY OR TOWN (If outside corporate in catton) STITITION St Joseph's Hospital CITY OR TOWN (If outside corporate in catton) Pall timore SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) WILLOW NOV 19 1890 6. COLOR OR RACE WILLOW NOV 19 1890 NOV 19 1890 NOV 19 1890 NOV 19 1890 II. BIRTHPLACE IState or foreign country) Partners NAME LOUIS OR DEATH OF THE STATER'S NAME CON'T KNOW III. BIRTHPLACE ISTATE OR GOATH III. LEADING TO DEATH (This does not mean the mode of dying, e.g., injury or complication which caused death) ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., injury or complication which caused death) ANTECEDENT CAUSES DISEASE OR CONDITION S. IF ANY, GIVING WAS TO THE ROLL OF THE STATEM COUNTRY OF COUNTRY OF COUNTRY OF THE STATEM COUNTRY OF COUNTRY OF COUNTRY OF THE STATEM COUNTRY OF COUNT		



BALTIMORE CITY HEALTH DEPARTMENT Registered 30 6807 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate in its write R JRAL and give C. CITY OR TOWN INSTITUTION township) UNION MEMORIAL HOSP BALTIMORE CYTS. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore DALEA Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF If Under I Year Il Under 24 Hours last birthday) Months Days Hours Min. MARRIE 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY STEAM FITTER 13. FATHER'S NAME 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 710 20-14-1491 JAME INTERVAL BETWEEN CAUSE OF DEATH 20,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ACUTE PULMONARY EDEMA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ARTERIOSELERETE HEART ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING DISEASE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 1/-1/55 7/2/1419_, that I last saw the 19 and that death occurred at 3:05 m., from the causes and on the date stated above. deceased alive on 7/ 23A. SIGNATURE 23c. DATE SIGNED

UNION MEMORIA

24A. BURIAL, CREMA-248. DATE TION, REMOVAL (Specify)

24c, NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county) BHUTI MORE MD

JULY DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR RALLIA MEL.

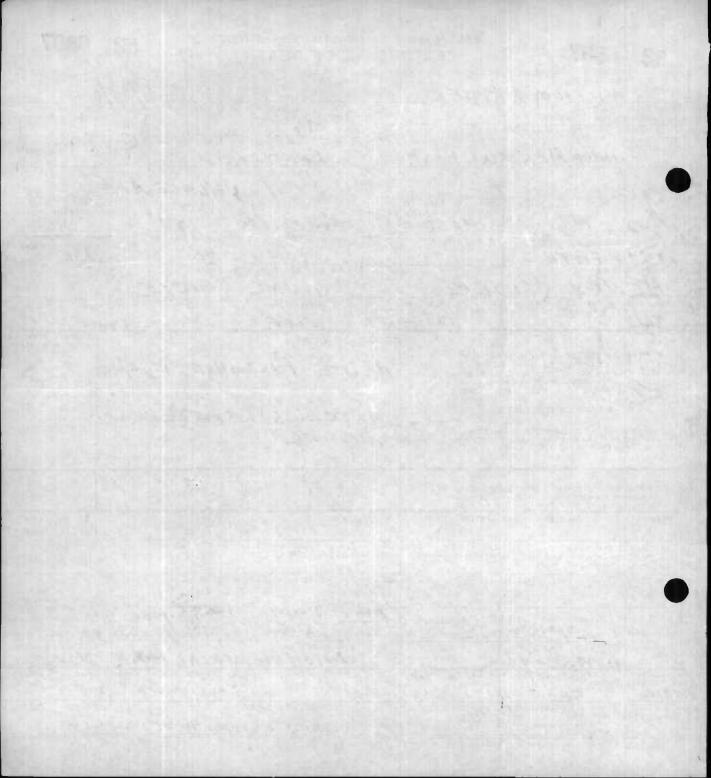
25. FUNERAL DIRECTOR

ADDRESS 200

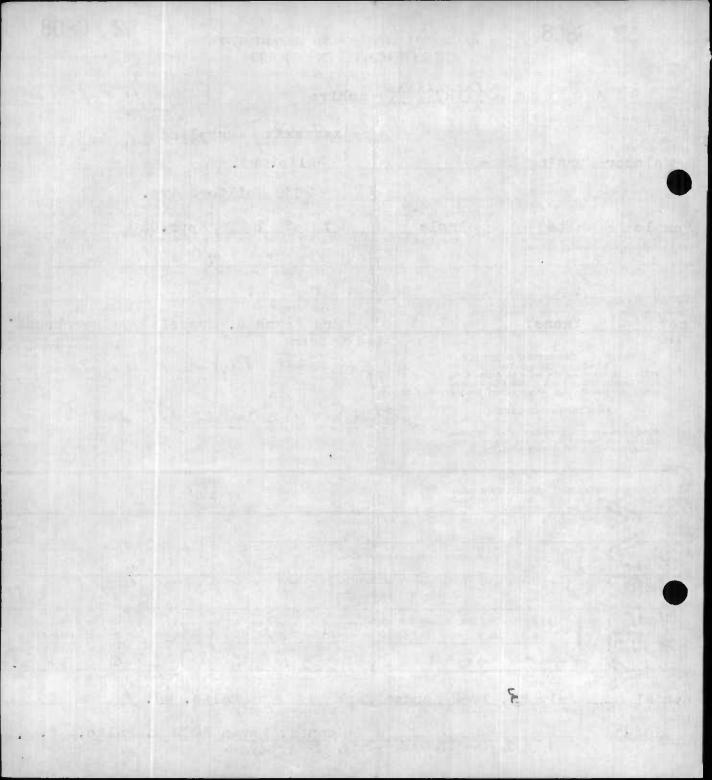
BURIAL

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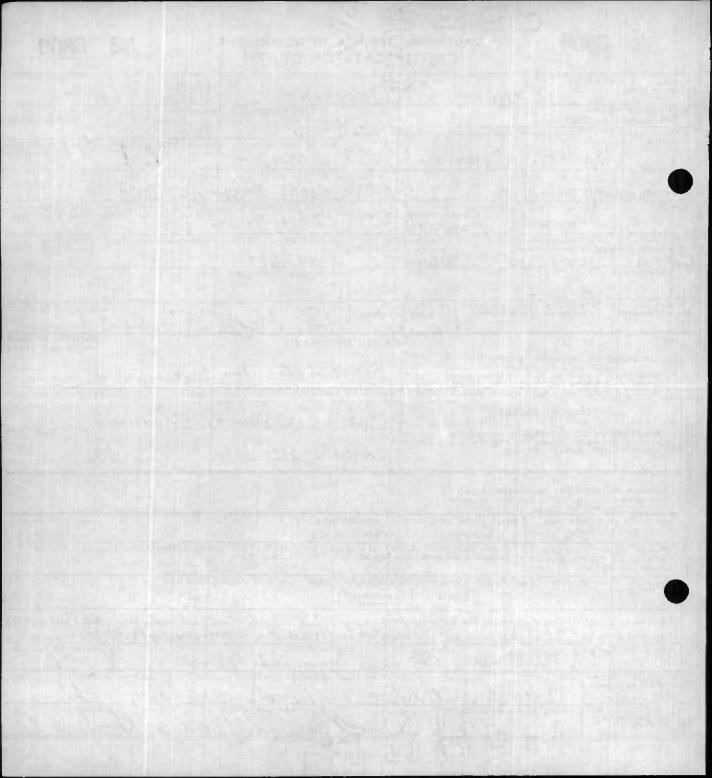


Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Schive DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 23 A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or in titution, give street addres Waryland
If offiside corporate limits, write RURAL and give location) INSTITUTION Balte. md. Melcher Nursing Home Yrs. D. STREET ADDRESS (If rural, give location) Mag 2838 Guilford Ave. ength of stay in Baltimore Days 9. AGE (in years If Under I Year Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH ff ligder 24 Hours WIDOWED, DIVORCED (Specify) Famale White Single Appr.85 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. no? ?nome? Mrs Frank J. Russell 908 Overbrook 18. 422. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) Cardio Vasculor Dispas ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK M 22. I hereby certify that I attended the deceased from , 19___, that I last saw the 71, 162, and that death occurred at 320 h. What the couses and on the date stated above. deceased alive on ZJA SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town July 25, 1952 REGISTRAR'S SIGNATURE Balto. Md. 1952 Loudon Park Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Moran 3000 E. Balto. St. 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

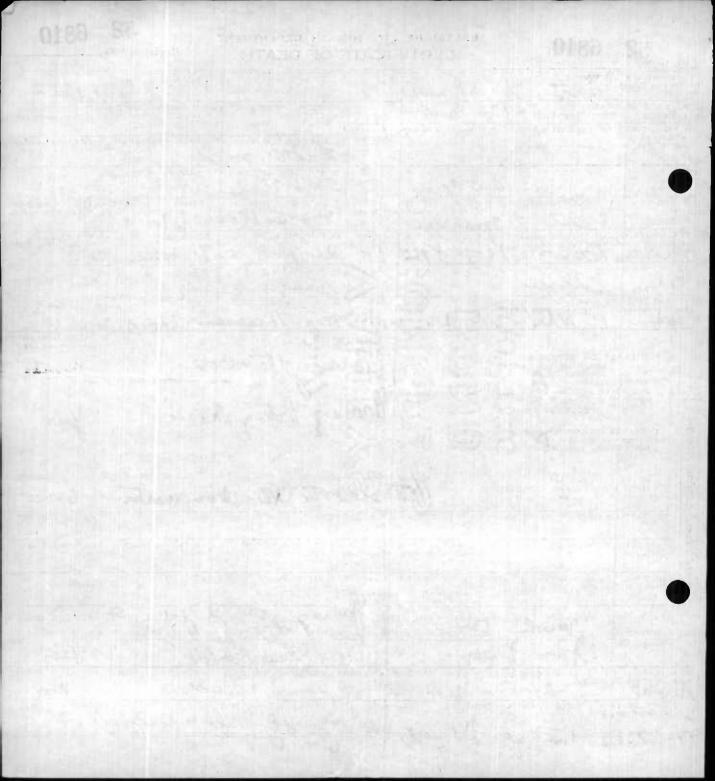
BIRTH NO.	LOIDEATT
1. NAME OF DECEASED (Type or Print) ERNEST P. SHEE	MAN 2. DATE OF 0F
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
INSTITUTION University Hosp	BALTO township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	HOOL Echodale PV< 8. DATE OF BIRTH 9. AGE (In years) (I Under 1 Year If Under 24 Hours)
MALE WHITE WIDOWED, DIVORCED (Specify	7/11/90 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of marking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. MARIE Sheeman-Echodale
18. 2 41 X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	MENBORA ANOXIA
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	SUMMER THE PROPERTY OF THE PRO
ANTECEDENT CAUSES	RONIC PULMANARY EMPHYSEMA
O DISEASES OR CONDITIONS, IF ANY, GIVING	BNIC TOCHWARY EMPHYSEMA
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ONIC ASTIMA
<u>U</u> (C)	A Comment of the Comm
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
7/21/52 Chonic Cryslag 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	7/14, 1952 to 7/21/-2, 19, that I last saw the
	rred at 6:5 Pm., from the causes and on the date stated above.
234. SIGNATURE MID MIDE MIDE	University Tosp. 17/22/59
24a. BURIAL. CREMA- (24B. DATE 10N, RSMOVAL (Specify)	ERY OF CREMATORY 240 LOCATION (City, town, or county) (State)
Duria 1-25-52 DAL10	NATIONAL DALTO Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAD DIRECTOR
22 1952 thatuator Nellacus, My	Sylver 3305 Harrow la
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6810
Registered No.

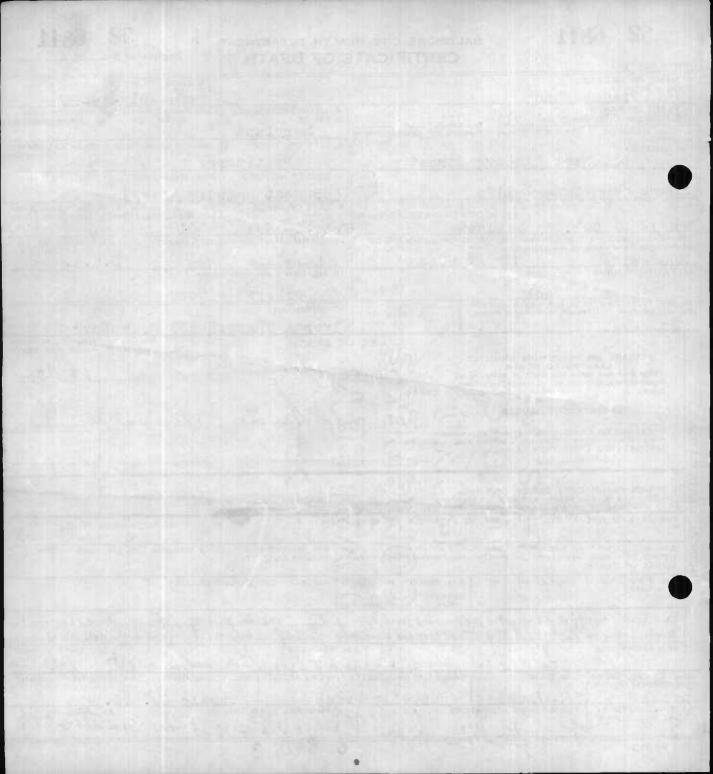
В	RTH NO.			LERIFICA	TE OF DEATH	1	egistered No.	
1. (T	NAME OF DECEA	ster o	2. Sh	ark		2. DAT OF DEA	1. 1. 2.	1,1952
	PLACE OF DEATH Baltimore City,		4 yalo	te	4. USUAL RESIDE	NCE (Where dece		itution : residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospi	tal or institutio	n, give street addres locati		(If outside co	rporate limits, w	rite RURAL and give
ß	ACCEPTED TO				Balto.	ma	25-1	31 township)
	ength of stay in	1 Baltimore	252	to M		SS (If rural, give	location)	
5.		LOR OR RACE			8. DATE OF BIRTH	9. AGE last t	(In years Unde	i Year Hours Hours Min.
11	rale 10	thile	mar	rie of	nend 20-11	6	6	
worl	A. USUAL OCCUPA done during most of working	TION (Give kind of the life, even If retired to the life, even If retired to the life, even I for the life, even I	NAVU	OF BUSINESS OR	RY 0 0-00	bt. Jem		CITIZEN OF
13	. FATHER'S NAME	my 2 94	Hini	J. D. C	14. MOTHER'S MAIL		esse 2	6.2
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(re		R IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO		4	ADDF	RESS 524
-	jes 123	word h	Jon !	216-05-091	10 Mrs. Ther	eseas	have y	ale Arei
	18. 420.1	1		CAUS	E OF DEATH			ONSET AND DEATH
	DISEASE OF	CONDITION	DIRECTLY		Mana thou	moneic		du T
	(This does not n heart failure, ast	nean the mode	of dving e g.	(A)	J 2142		***************************************	Mensiles
	injury or compl	ication which	caused death.)	DUE TO A	0			400
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O	DISEASES OR	CONDITIONS.	IF ANY. GIVING	(B)) W	DUEKY		years
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TIF		п		(C)			•••••••••••	***************************************
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U	TO THE DISEASE	OR CONDITIO	N CAUSING IT.	Y		CE PINA	vare	
4	19A. DATE OF OPE	ERATION	ISB. MAJOR	FINDINGS OF OF	PERATION			20. AUTOPSY?
EDICA	21A. ACCIDENT, S HOMICIDE (Spe	UICIDE.	218. PLAC	E OF INJURY (e.	g., in or 21c. WHERE DI	D (If in Balti	more City, give	1 123 [] 110 []
	HOMICIDE (Spe	ecify)	about home, far	m, factory, street, office bl	dg.,etc.) INJURY OCCUR	7		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21	IE. INJURY OCCU	RRED 21F. HOW DID	INJURY OCCUR	7	
	FINJURY			NOT WH	ILE			
M	22. I hereby cert	ify that Lat			Kinney 1987	To July 2	1957	nat I last saw the
	deceased alive or	1 Ba a - 1/			Jerred at Joan m.,	from the Quee		ate stated above.
	23A. SIGNATURE	ames	mora -		23B. ADDDESS	ac Assa	2:	SC. DATE SIGNED
2/	A. BURIAL, CREMA		12/	M. D.	TERY OR CREMATORY	24b. LOCATION	City town ove	ounty) (State)
	N, REMOVAL (Specify		52 2	Snatin	al lan.	Balto.	(Orty, town, or e	mal
	TE RECEIVED BY	REGISTRAR	'S SIGNATUR	E	25. FUNERAL DIRE	CTOR	AG	DRESS 3109
11	ONE REGISTRAN		2 .		124 0	A:00	2 .	0 1
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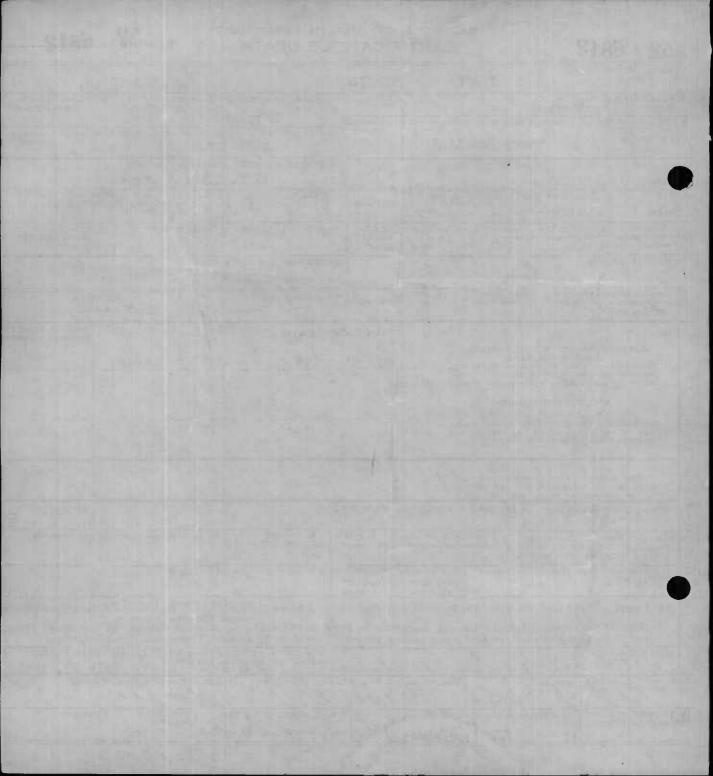
BALTIMORE CITY HEALTH DEPARTMENT

52 6811

В	RTH NO.			CERTIFICAT	E OF DEATH	Registered N	
1.	NAME OF D	ECEASED				2. DATE	
(7	ype or Print)	ances Mack				OF DEATH July-	79 59
	PLACE OF D	EATH:	- 1		4. USUAL RESIDENCE (Where deceased lived. If	institution : residence
_		City, Maryland Ba		ion, give street address or	Maryland	B. COUNTY	before admission)
H	FULL NAME	OF (II not in nospit	ai or institut	location)		f outside cornorate limits	, write RURAL and give
IIV	STITUTION	39 West Ham	harmo	Street	Baltimor	-)	township)
7	5.	of Mest ham	burg L	Yrs.	D. STREET ADDRESS (If		
	anoth of a	tay in Baltimore	Taga	Mos.			
	SEX	6.COLOR OR RACE	Jife 7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	urg Street	Under I Year If Under 24 Hours
			WIDOW	ED, DIVORCED (Specify)			nths Days Hours Min.
	male	COL. CUPATION (Give kind of	Widov		Feb2-1891	61	
WOL	done during most	of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i		12. CITIZEN OF WHAT COUNTRY?
	lousewi		At	Home	Maryland		J.S.A.
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	./
	Rich	ard Mack			Dorkers	owe	
(Ye	. WAS DECEAS	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
(No			SECORITI NO.	Alverta Sharme	n 539 W. Han	hure St.
	18. 1691	V		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTIV	1			ONSET AND DEATH
		LEADING TO DEA'	TH	120	welloh see.	Landon I A	10 days
	heart failu	re, asthenia, etc. It mea	ns the diseas	e,			100000
	injury or	complication which c	aused death	.) DUE TO			
		ANTECEDENT CAUS	ES	4.	0 1 -1-	1 + , -	- 1
Z	DISEASE	OD COMPLETIONS		(B) Luce	ral venico	Deleviora	we linking
5	RISE TO T	OR CONDITIONS, 11 HE ABOVE CAUSE (A)	STATING TH				
A	UNDERLY	ING CONDITION LA	ST.	(C)			
ERTIFICATION							
E	OTHER 6	ICANIEICANIE CONDI	TIONS SEL				
H.	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	.0			
U		SEASE OR CONDITION	1 4 4 1				
ᆜ	19A. DATE C	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
U	314 ACCID	ENT WAS UNDER-	21m DI A	CE OF INJURY (e. g., i	or 21c, WHERE DID (If in Baltimore City, g	YES NO X
EDICAL	LYING O	R CONTRIBUTING	about home,	arm, factory, street, office bldg.,	to.) INJURY OCCUR?	it in parlimore City, g	ive exact ideation)
ME	CAUSE OF						
K	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
h			m.	WHILE AT NOT WHILE			
	22. I herch	y certify that I att	ended the	V	ly 10, 195 240 /4	ely 19 195	Ithat I last saw the
		lipe on Duly 1		and that death occur	1 71	the charge and on th	e date stated above.
	23A. SIGNA		2, 10-1-		3B. ADDRESS		23c. DATE SIGNED
	2011 010111	184 111	KYA	iuld	525 /11. ILA	melana Di	7/52/13-
2	A. BURIAL	REMA- 248. DATE	:	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county (State)
			50	A			
- Alexander	TIEL V	7/23/19		Annapolis N	25 FUNERAL DIRECTOR	indle Co. Mo	ADDRESS
	CAL REGIST		a SIGNATU	AA.	6	1. 1. 1 B.	antly ove
	72 1952	The time	ton W	Tours ASP	Chay Wilson	O moier	

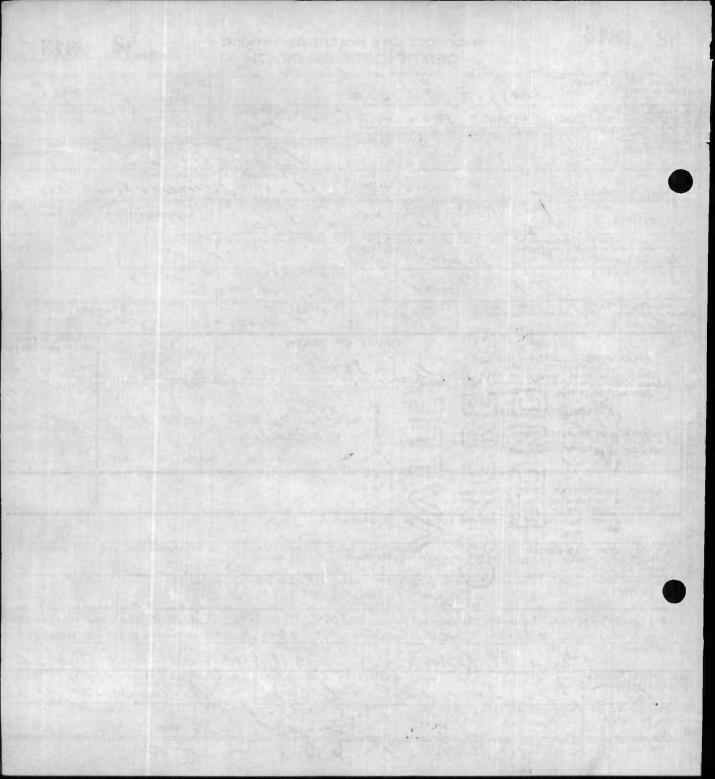


BALTIMORE CITY HEALTH DEPARTMENT Registered No 6812 6812 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) FRANK OF REBST OK July 22, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN Mercy Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 677 E. Clement Street ength of stav in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 9. AGE (In years | fi Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) male white 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? END NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uaknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? CAL YES NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIBō UTING | CAUSE OF DEATH. 2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes I, accident I, suicide I, homicide I, undetermined I. 23B, CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) E REGELVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS 151



Shreves, BALTIMORE CITY HEALTH DEPARTMENT

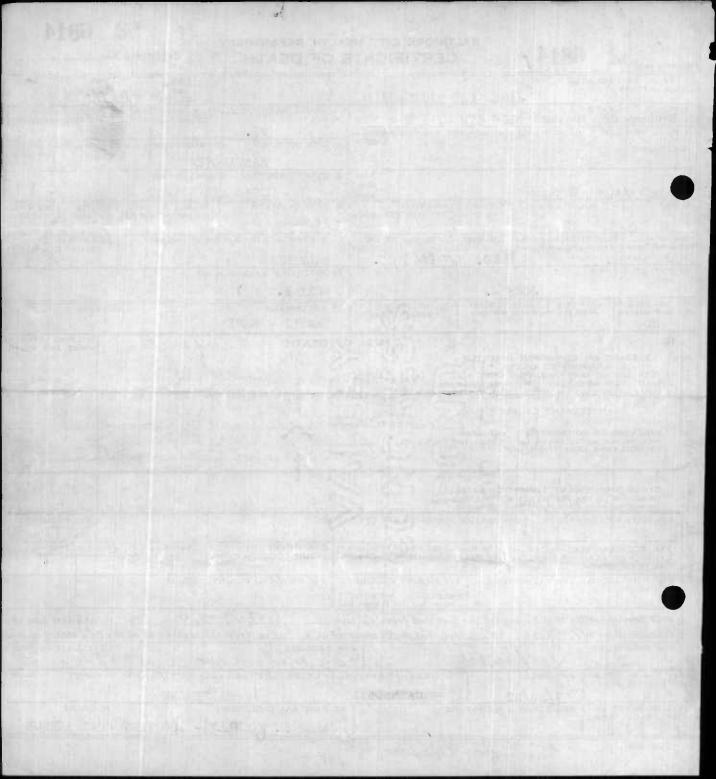
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Register	red No.
	NAME OF D	PECEASED	14 6	SLIEVE	S	2. DATE OF DEATH	7.22-52
3. A.	PLACE OF D Baltimore	City, Maryland 4	625	PENNING D.	IA. STATE	E. (Where deceased liv B. COUNT	ved. If institution: residence TY before admission)
B. HO	FULL NAME OSPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN	(If outside corporate	c limits, write RURAL and give
	201			Yrs.	D. STREET ADDRESS	O . A	3 03
G	Length of s	stay in Baltimore		Mos. Days	4625	TENNING	
_	SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In year last birthday	ars II Under 1 Year II Under 24 Hours y) Months Days Hours Min.
work	done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	. FATHER'S		0		14. MOTHER'S MAIDE	N NAME	2
		HO.	5	EAR	tean	200	
15 (Yes	, was DECEAS , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	19 -6	ADDRESS
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-				aseas	cardis ?	INTERVAL BETWEEN DNSET AND DEATH
AL	19A. DATE	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore (City, give exact location)
Σ	D. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		JURY OCCUR?	
	22. I hereb	by certify that I att			Ful. Y, 1957, to	July 2%	1957, that I last saw the
	deceased a		×7195V,	and that death occur		om the causes and	on the date stated above.
	23A. SIGNA	(hilip	NK	M. D.	302 AM		town, or county) (State)
TIC	AA. BURIAL	1	.52	BLICK	LEN.	D. LOCATION (City,	USUITE W. W
	ATE RECEIVE	D BY REGISTRAR	S SIGNATU		25. FUNERAL DIRECT		ADDRESS
	VS 150	Huntings	obs Alek	leaves, My ??	638 d. 0	oar/A	٥.



BALTIMORE CITY HEALTH DEPARTMENT

10	0014	Ł

В	IRTH NO.	0034		CERTIFICAT	E OF DEATH	Registered	110
1.	NAME OF D	ECEASED				2. DATE	
(1	'ype or Print)	J.	AMES LE	O FITZGERALD		OF DEATH 7/	20/52
	PLACE OF D	EATH:			4. USUAL RESIDENC	E (Where deceased lived.	If institution: residence
	FULL NAME	City, Maryland 3!	alor institut	ion, give street address or	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	Or (II not in nospit	ai oi msurut	location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
111	ISTITUTION					IMORE 2	1 township)
				Yrs.	D. STREET ADDRESS		3 0 7
	ength of s	tay in Baltimore		Mos.			
5.	SEX	6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	4TH STREET 9. AGE (In years)	If Under 1 Year If Under 24 Hours
	M	107	WIDOW	/ED, DIVORCED (Specify)	1 1-	last birthday)	donths Days Hours Min.
10	M. USUAL OC	CUPATION (Givekind of		O OF BUSINESS OR	8/3/I885 11. BIRTHPLACE (State	66	
worl	done during most o	of working life, even if retired)		INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	SUPT		MD. D	RY DOCK CO.	BALTIMORE		
13	. FAIRERS N	NAME			14. MOTHER'S MAIDE	N NAME	
			N J.		NORA K. ?		
(Ye	s, no or unknown)	D EVER IN U. S. ARMEE (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			SECORITI NO.	FAMILY - SAM	E	
	18. 420			CALISE	OF DEATH	11. 1	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTIV	A	- 0.00	mjarcua	ONSET AND DEATH
		LEADING TO DEAT	TH	11	· ////was		
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the discas	e.	co propo co	you ax	***************************************
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) COUNTAIN Utleus & Clerone						
임	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO A	01		
A	UNDERLY	ING CONDITION LA	ST.	(c) Urten	08 clerali	Cardinas	enl.
ERTIFICATION						ducas	
E	OTHER S	II IGNIFICANT CONDI	TIONS CON				
田	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U		F OPERATION 1		FINDINGS OF OPER	ATION		LOO ALITORGYO
4	ion on c	I OF ERATION	SB. MAJOR	PINDINGS OF OPER	ATION		20. AUTOPSY?
0	214 ACCID	ENT WAS UNDER-	1 218 PLA	CE OF INJURY (e. g., is	or 21c. WHERE DID	(If in Baltimore City,	YES NO
MEDICAL		CONTRIBUTING	about home, f	arm, factory, street, office bldg., e	INJURY OCCUR?	(11 in Date more Orby)	Sive exact location;
	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJ	JURY OCCUR?	
			m.	WORK NOT WHILE			b
22. I hereby certify that I attended the deceased from July 1 , 1952 to 7-20 , 195 that I last s							Zthat I last saw the
	deceased al	ive on 2 - 20	1952	and that death occur	red at 1/ 50 Pm., fro		the date stated above.
	234 SIGNAT	URE	7 /		3B. ADDRESS		23c. DATE SIGNED
	Her	al-W. 10	men	nce M.D. 2	03 Palox	soo ave	17-21-52
24 TIC	A. BURIAL, CON, REMOVAL	pecify)		24c. NAME OF CEMETE		D. LOCATION (City, tow	n, or county) (State)
-	TE RECEIVE	7/23/5		CATHEDRAL		BALTIMORE	1000000
	CAL REGISTI		SSIGNATU	RE	25. FUNERAL DIRECTO		ADDRESS
	JUL 221	95%		4	JAMES L. MCCU	LLY - IBO EAST	FORT AVENUE
	VS 150	11- 1	= +	1/1/1/2 300 1/2			



1224 6815 @ Released to homit	52 6915
Thed by Case BALTIMORE CITY HEALTH DEPARTMENT	and Na
BIRTH NO.	ered No
1. NAME OF DECEASED OSEPH DE Pasquale 2. DATE OF DEATH	uly 22,6/52
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address on	
HOCDITAL OD	te limits, write RURAL and give
c. Length of stay in Baltimore 4 1 S Days D. STREET ADDRESS (If rural, give located to the property of the p	Olemon St
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE IN WIDOWED, DIVORCED (Specify) 2 /9 /8 9 last birthe	(ars H Under Year H Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of working life, even if retired) Output Out	12. CITIZEN OF WHAT COUNTRY?
13/ FATHER'S NAME	0.8.11
15. WAS DECRASED EVER IN U. S. ARMED FORCES? 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) 6. SECURITY NO.	PAADERES Balto St.
18. 331 V . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Carebase Vagandae Condition	Thomas
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore INJURY OCCUR?	City, give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 7/22 1953 to 1/32	, 16 2, that I last saw the
m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 7/22 1953 to 1/32	d on the date stated above.
while AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 7/22 1952, to 7/22 deceased alive on 7/22, 1952 and that death occurred at 5 m., from the causes and	d on the date stated above. 23c. DATE SIGNED 2-2-52
22. I hereby certify that I attended the deceased from 2 2 1953 to 22 deceased alive on 2 2 2, 1953 to 22 and that death occurred at 5 m., from the causes and 23A. SIGNATURE 23A. BURIAL. CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City 10). BEMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City 10). BEMOVAL (Specify)	d on the date stated above. 23c. DATE SIGNED 2-2-52
22. I hereby certify that I attended the deceased from deceased alive on 22, 19 23, 19 32 and that death occurred at 5 m., from the causes and 23A. SIGNATURE 23B. ADDRESS JOHNS HOPKINS HOSPITA JOHNS HOPKINS HOPKINS HOPKINS HOSPITA JOHNS HOPKINS HOP	d on the date stated above. 23c. DATE SIGNED 2-2-52
22. I hereby certify that I attended the deceased from 22 1952 to deceased alive on 22, 1952, and that death occurred at 5 m., from the causes and 23A. SIGNATURE 23B. ADDRESS JOHNS HOPKINS HOSPITA 10N. REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City LOCAL REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR	d on the date stated above. 23c. DATE SIGNED 2-2-52 7, town, or county) (State) New Yort ADDRESS

Dx. 7772 Russell - TO 7672 7635.

CERTIFICATE CORRECTED 7-25-52

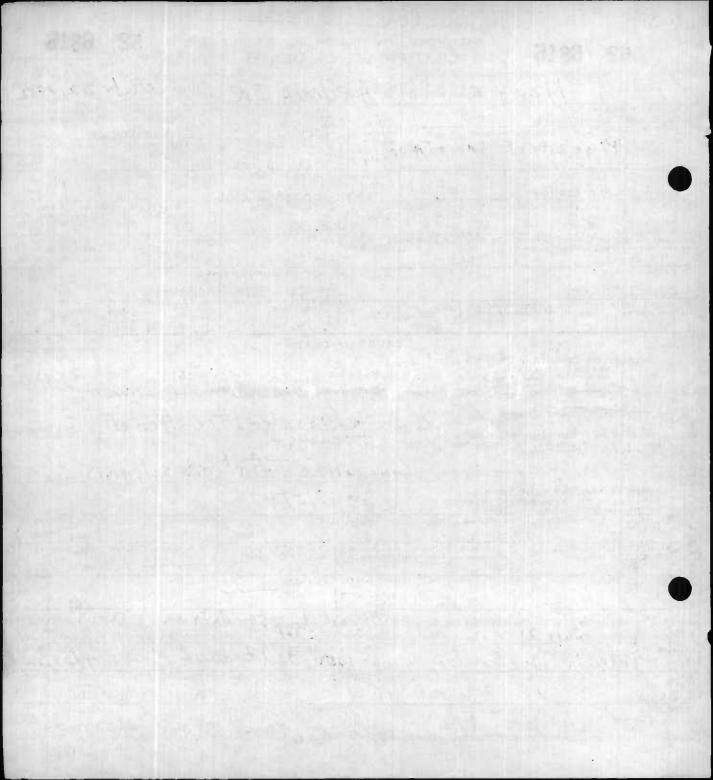
BALTIMORE CITY HEALTH DEPARTMENT

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		52	6816	
BIRTH	NO.			

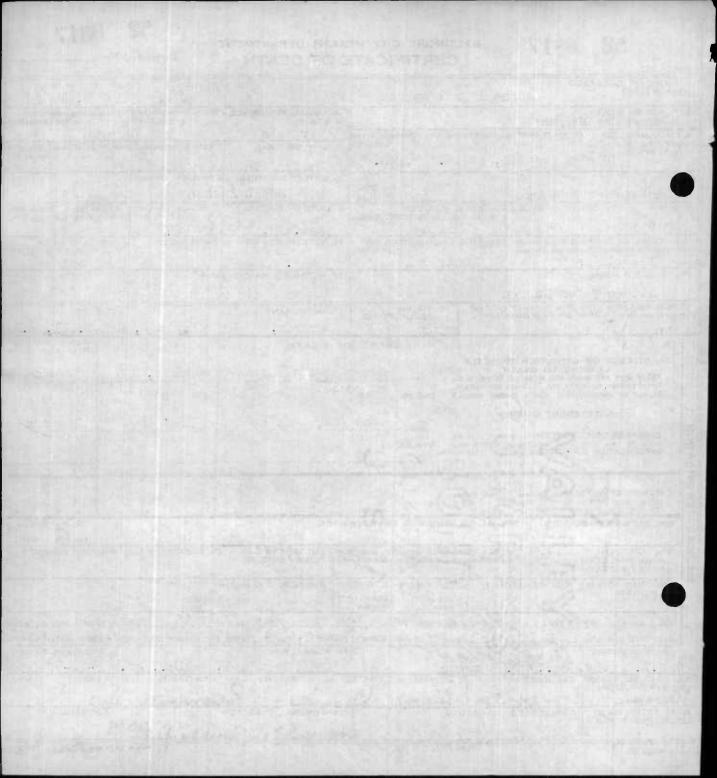
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED MARY Elizabeth A	Rding ER 2. DATE July 22,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland Washington
HOSPITAL OR PINE CREST SANATARIUM	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
I D	Williams port
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 2 Vrs . Mos.	Vermont Street 71-10
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
F. WIDOWED, DIVORCED (Specify)	Dec. 28, 1871 last hirthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givokind of 10B. KIND OF BUSINESS OR rork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Home	Near Clearspring
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Gruber	Mary Catherine Brubaker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT , ADDRESS
No Nà None	Mr. Frank Ardinger, #2 W. Salisbury St.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CARDIAL Degeneration PRIOSCIEND TIC HEART? ISEASE Alized ARTERIO Scienus; ? Phility
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (o. g., in about bome, farm, factory, street, office bldg., etc.)	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY MHILE AT NOT WHILE AT WORK AT WORK	
	red at 230 Pm., from the causes and on the date stated above. 336. ADDRESS 1726 1236. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BARIAL CREMA- 24B, DATE 24C, NAME OF CEMETE TION, REMOVAL (Specify) 7- 26-52 RIVER VIEW	WILLIAMSTON WASH. MD.
	25. FUNERAL DIRECTOR ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Russell Earl Warren OF July 22, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Virginia HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION US PHS Hospital, Balto. 11, Md. Portsmouth D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 420 DeKalb Avenue Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. Male Married Jan. 24, 191 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Electrician Electrical Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew James Warren Annie Rider 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records, US PHS Hospital, Balto., H1, Md. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pneumothorax, right, pneumonia, 2 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, empyema injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Carcinoma, left neck and oral 2 vears ERTIFICATION DUE TO MUCOSA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED AT WORK 22. I hereby certify that I attended the deceased from April 14, 152, to July 22 . 1952 that I last saw the 1952, and that death occurred at 7:50 m., from the causes and on the date stated above. deceased alive on July 22 23A. SIGNATURE 23B. ADDRESS USPHS Hospital, Balto. eon 24A. BURIAL. CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) OCO TO COLL DATE RECEIVED BY



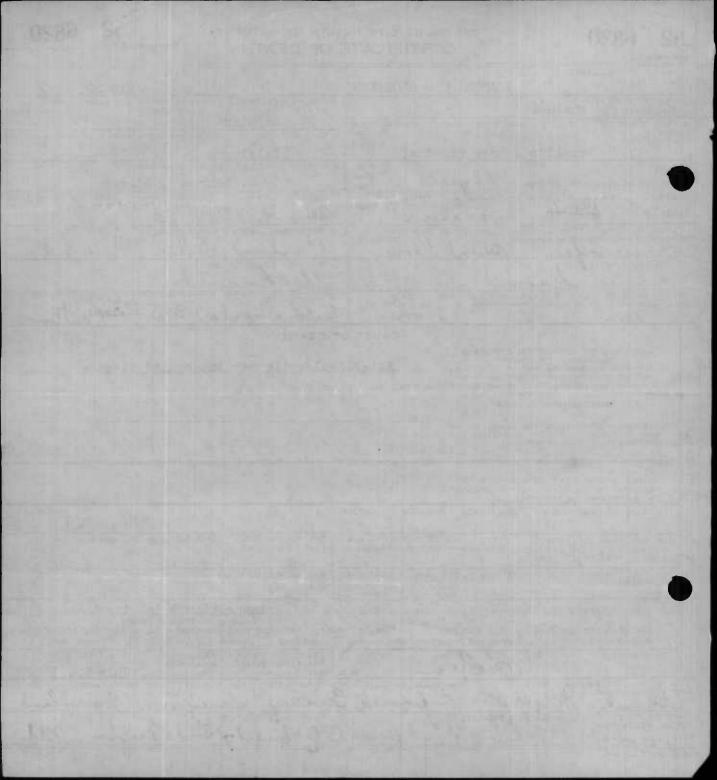
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	cu ivo
1. NAME OF DECEASED Eldridge 2. Schemble DEATH	42 De x2052
a. Baltimore City, Maryland Sung. Hal 7. A. STATE B. COONT	ed. If institution; residence Y before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	- 27
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL location) C. CITY OR TOWN (If outside corporate	limits, write RURAL and give township)
a sugara	M->.
Yrs. D. STREET ADDRESS (If rural, give location Mos.	n) () ,
c. Length of stay in Baltimore Days Trout + Mell	ruy/Cd.
) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	01
William & Chensher Martha R	Pilers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT HOPKINS HOPK	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT OHNS HOPKINS HO	SPITAL
18. // 3 X . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	***************************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
, 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO L
2 IA. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City) OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)	ity, give exact location)
JD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 6-29-, 1957to 7-22-, 1	9 5 4hat I last saw the
deceased alive on 7 - 22 - 1952 and that death occurred at 11: 6 m., from the causes and o	
23A. SYGNATURE 2016 23B. ADDRESS	23c DATE SIGNED
M. D. JOHNS HOPKINS HOSPITAL	1-22-195
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, to TION, REMOVAL (Specify)	own, or county) (State)
1 Selevaria	a penneylosing
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntington Williams MD	and Do Ad 180
HH 27 1952	The d

6	0						*	
BII	2 RTH N	6819				E OF DEATH	52 Registered No.	6810
1.	NAME	OF DECEA	PPY	PAT	HEDINE		2. DATE OF DEATH	2/58
		OF DEATH			OF CHAP	4. USUAL RESIDENCE (W		tution: residence before admission)
в. І	TULL	NAME OF		al or instituti	on, give street address or location)	MARPLAND	outside corporate limits, w	
The state of the s	31110	TON UP	JINES!	3140	HOSPITAL Yrs.		rural, give location)	township)
		th of stay in	n Baltimore		Mos. Days		64	0
5.	SEX	EMAILE	LANGIE		E. MARRIED. ED. DIVORCED (Specify)	18. DATE OF BIRTH	9. AGE (In years If Binds last birthday) Months	Days Hours Min.
10/ wurk	. USL	JAL OCCUPA	TION (Give kind of ag life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12.	CITIZEN OF WHAT COUNTRY?
13.	FATH	IER'S NAME	OIAE			14. MOTHER'S MAIDEN NA	AME	USFI
15	WAS	RICK	ARD RINU, S. ARME	BAIL	-1'2	h PDI	A WORP	
(Yes	BO OF E	ukuuwu) (If	yes, give wer ur date	b FORCES?	16. SOCIAL SECURITY NO.	Merritt In	es mellingle	n ml
	18.	1711	1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(T	LEA	CONDITION DING TO DEA mean the mode of	TH	W HOL	DEED BABEXIA	Δ.	PA HP8.
	he	art failure, ast	henia, etc. It mes lication which	ans the disease	e.			
7		ANTE	CEDENT CAUS	SES	(B) OK	2KM1A		4
01	RIS	E TO THE AE	CONDITIONS, 1 TOVE CAUSE (A) CONDITION LA	STATING TH	G	CINIAMA OP O	19014 Comes	11 3
ICA	Ur	DERLING	CONDITION D	A51.	(c) WOE	cinoma of c	revix, and	
CERTIFICATION	TR	BUTING TO T	II FICANT CONDITION THE DEATH, BUT TO CONDITION	NOT RELATE	.D			
	19A.	DATE OF OP	ERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	LYIN		WAS UNDER- NTRIBUTING H	21B. PLA about home, f	CE OF INJURY (e. g., larm, factory, street, uffice bidg.,		If in Baltimore City, give	
ΣΙ		TIME (Mont)	n) (Day) (Year		21E. INJURY OCCURR		OCCUR?	
				m.	WHILE AT NOT WHILE	नि कि नि नि स्त	Tien Sought	
		hereby cer asca alive o			deceased from and that death occu	rridat of m., from t	he causes and on the d	hat I last saw the late stated above.
	23A.	SIGNATURE	BUS G	S. Ami		B ADDRESS	Aospidas 3	AR SIGNED
24 TIO		RIAL, CREMA		15/8	24C. NAME OF CEMETE	PRY OR CREMATORY 246. L	OCATION (City, town, or	dunty (State)
	TE RI	CEIVED BY	REGISTRAR	'S SIGNATU		25 DUNERAL DIRECTOR	Man hi Al	DRESS
J	UL	23 1952	Hurringto	" Talle	acus, My	o new and the	- 1/ma	and with

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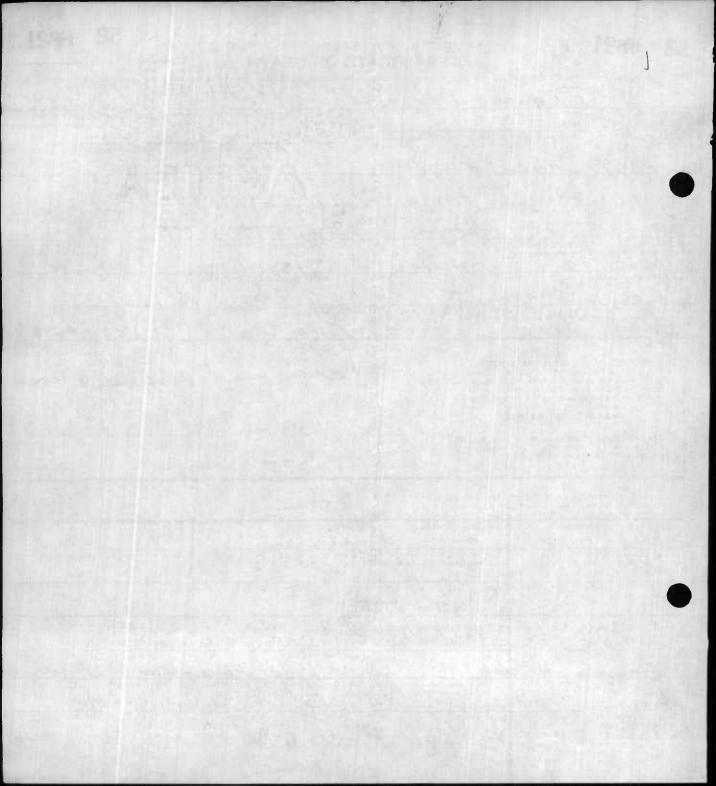
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	52 6820 IRTH NO.	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	52 Registered No.	6820
	NAME OF DECEASED Type or Print) ISABF	T CI ONAKED		2. DATE OF	20.50
	PLACE OF DEATH:	L SLONAKER	4. USUAL RESIDENCE (Wh		titution: residence
В.		utution, give street address or	A. STATE Maryland	B. COUNTY	before admission
	OSPITAL OR NSTITUTION	location		utside corporate limits, w	rite RURAL and giv
-	Franklin Square	HOSPITAL Yrs.	Baltimore D. STREET ADDRESS (If ru	aral, give location)	7
	length of stay in Baltimore 18	years Mos.	39 S. Schi	roeder Street	
f	emale white win	ME. MARRIED. DOWED, DIVORCED (Specify)	aug 30,/876	9. AGE (In years 1 Und last birthday) Month	et l Yeat If Under 24 Hours Bays Hours Min
1C wor	DA. USUAL OCCUPATION (Give kind of lob. K k doing during most af working the, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	hio 12	WHAT COUNTRY
13	3. FATHER'S NAME Un known		14. MOTHER'S MAIDEN NAM	NE .	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES 18, no or nnhnown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mr. E. Slonsker	J 39,S. Show	ley St.
CERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	e.g., (A) Arterisease, eath.) DUE TO (B)		rascular disea	se.
CE	19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
4L					YES NO X
EDICAL		PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., e	21c. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, give	exact location)
M	21b. TIME (Month) (Day) (Year) (Hour) F INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I eertify that I took charge of t the evidence obtained by said A and death in my opinion resulte 23A. SIGNATURE	utopsy, Inspection or I d from: natural eauses	Autopsy, Inn nquiry, find that said dee □, accident □, suicide □ □ 238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX	eased died on the of homicide , under the land t	day stated above
TIC	AA. BURIAL CREMA- 22B. DATE ON REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNA	Reformed	D. MEDICAL INVESTIGATOR RY OR CREMATORY 240. LOC Cometery Jan 25. FUNERAL DIRECTOR	ey town m	aryland
	DCAL REGISTRAR	ATURE	d o 1	IN I	DICEOS



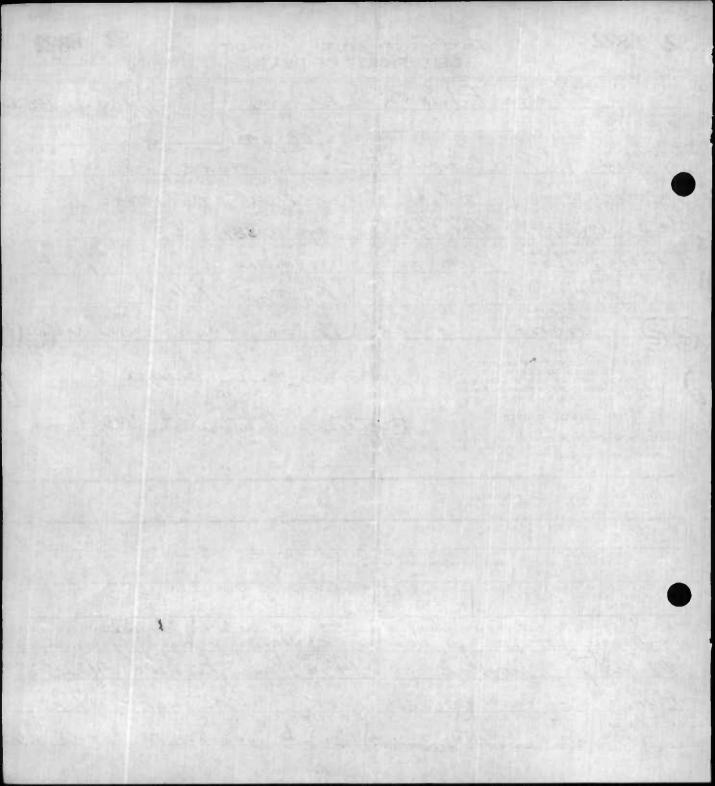
BALTIMORE CITY HEALTH DEPARTMENT

52 6821

Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH X ULV 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If in citation : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION WANSEA / IMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore WAUSER BOYRS Davs 6. COLOR OR RACE 7 SINGLE MARRIED 9. AGE (In years) It Under 1 Year last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORGED (Specify) EMALE TAPRIED SEPT, 15 1900 10A. USUAL OCCUPATION (Give kied of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY HOYSEWITE IRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0415 MARNOC OW) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo op noknown) SECURITY NO. NONE 1919 SWANSEA NONE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF **OPERATION** 20. AUTOPSY Carre EDICA raners 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., io or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Les hely 2/, 197, that I last saw the . 19 200 1. 19 L. and that death occurred at S. Yo Rm., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED I elleus aur м. р. 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY DYRIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150



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1	52	6832		RAI	LTIMORE CITY	HEALTH DEPARTMENT	52	6822	
	Jras					TE OF DEATH	Registered No.		
	NAME	OF DECEAS	SED X		- / .		2. DATE		
(1	ype or I	Print)	Not	in E	DWARD	LAndis	OF DEATH JULY	21.1952	
		of DEATH:				4. USUAL RESIDENCE (Where deceased lived, If incti	tution: residence before admission)	
	FULL N	NAME OF	(If not in hosp	ital or institut	tion, give street address locat		d		
	STITUT		2/7	Ralti	MORE ST	c. CITY OR JOWN (I	f outside corporate limits, wr	township	
		<u> </u>	10.	Je / book "	Y		rural, give location)		
-			Baltimore		274RS. D.	ays 2141 W. 7	BALTIMORE	· ST.	
5	Ma/	6.CO	LOR OR RACI	WIDOV	E. MARRIED, VED, DIVORCED (Spe	1 1 .000	9. AGE (In years Months		
10	A. USU	AL OCCUPA	TION (Give kind	of 10B. KINI	OF BUSINESS OF		foreign country) 12.	CITIZEN OF	
WOL		1 DER L	EALER	d) Li	IM DER	VIR9INIA		WHAT COUNTRY?	
13	. FATHI	ER'S NAME	. /	. /.		14. MOTHER'S MAIDEN N	IAME, // /		
11	WASD	HAR	RUNU, S. ARM	Andi	S	MARTHA!	19eCALL		
(Ye	a, no or un	known) (If 3	os, give war or da	tes of service)	16. SOCIAL SECURITY NO		ADDR	/ 0	
	18. /	4201	won	2	1218-03-53	SE OF DEATH	Andis 2141W.	INTERVAL BETWEEN	
		TAOII DISEASE OR	CONDITION	DIRECTLY			0	ONSET AND DEATH	
	(Th	is does not m	OING TO DE. nean the mode nenia, etc. It me	of dving, e.	8., (A) Co.	ronary aster	disease	*******************************	
	inju	ry or compl	ication which	caused death	i.) DUE TO	1 1			
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O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
CAT	UNI	DERLYING O	CONDITION	AST.	(C)				
IL			11						
ERTI			II ICANT COND HE DEATH, BU						
Ü	TO	THE DISEASE	OR CONOITIO	N CAUSING I	Т	SERVE STATE OF THE			
CAL	19A. D	ATE OF OPE	RATION	198, MAJOR	FINDINGS OF O	PERATION		YES NO	
		ACCIDENT V	VAS UNDER-		ACE OF INJURY (e. farm, factory, street, office b		If in Baltimore City, give		
M		E OF DEATH) (YY) 1					
K		IME (Month JURY) (Day) (Yea		21E. INJURY OCCU		Y OCCUR?		
	m. WORK AT WORK								
	deceased alive on, 19, and that death occurred at 3: Yelm., from the causes and on the date stated above								
	-	IGNATURE	-/ 7	. //	7	238. ADDRES9//		BC. DATE SIGNED	
20	A BUE	CREMA	24B. BATE	well	M. D. 24c. NAME OF CEM	ETERY OR CREMATORY 240	OCATION (City, town, or o	JAA/S Z Junty) (State)	
K		RIAL, CREMA OVAL (Specify)	7-25	52	/ /	Park 12	1+-	M-/	
	ATE REC	CEIVED BY	REGISTRAF	R'S SIGNATU	Loudon JRE	25. FUNERAL DIRECTOR	ALIMORE D'AD	DRESS	
1	II O	2 1057	H- 1:	+ W	H: E 715	SEO. V. Ochwab	2101 FREDE	RICK AU	
	VS	150	1 Junton		Marine Tolland	00/8			
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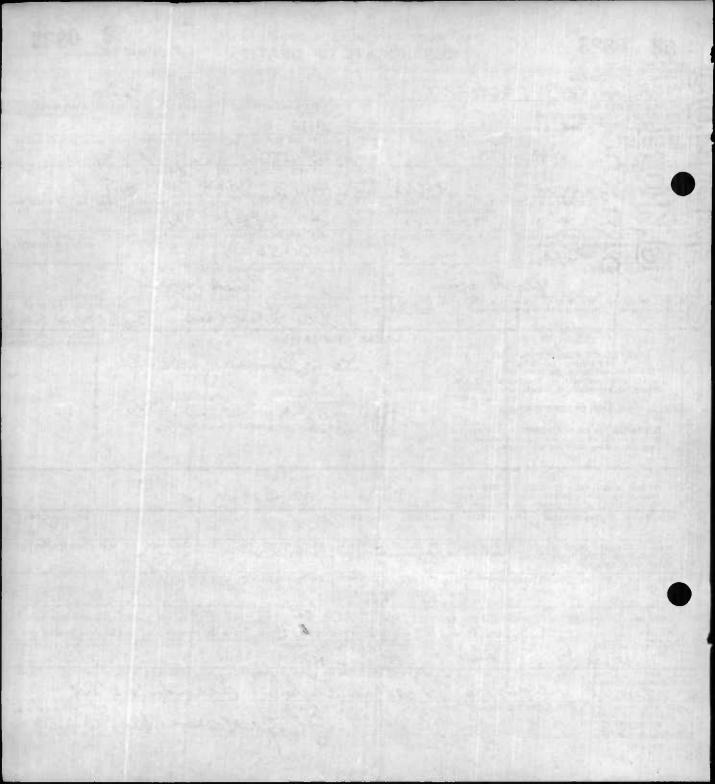
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

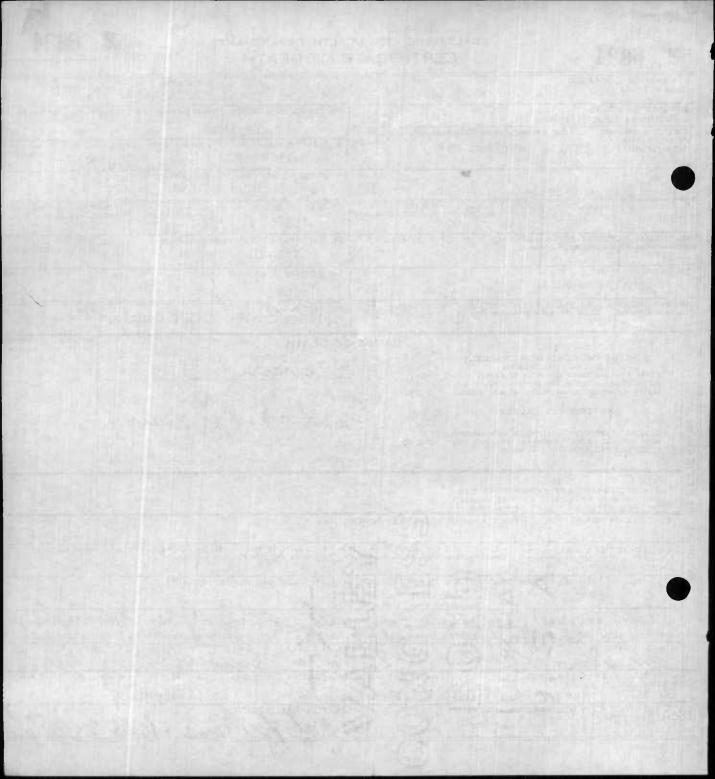
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BIRTH NO.									
1. NAME OF DECEASED	2. DATE								
(Type or Print)	DEATH 7/22/52								
S. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)								
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or									
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give								
INSTITUTION AL HOSPITAL	BA4TO 27-16 township)								
Yrs.	D. STREET ADDRESS (If rural, give location)								
Mos.	4613 PARK HEIGHTS AVE								
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours								
WIDOWED, DIVORCED (Specify)									
MARRIED	- 1881 11								
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
House wife -	RUSSIA								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
- Unkown	- Unkown								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS 7000								
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Leo Gravener Field Crest Road								
	Act of the falla cless of the								
18. 443X 1 CAUSE	OF DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									
(This does not mean the mode of dying, e.g.,	3 position cours								
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO									
AMERICAN CAUSES	A () 1 . to.								
ANTECEDENT CAUSES	when and miles								
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(c)									
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OTHER SIGNIFICANT CONDITIONS CON-									
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-construction								
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?								
U 21 ACCIDENT MAG MADE A 21 PLACE OF INHIBY (2.5.)	YES NO O								
	u or 21C. WHERE DID (If in Baltimore City, give exact location)								
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?								
F INJURY WHILE AT NOT WHILE									
m. WORK AT WORK									
deceased alive on 7/1 , 1952, and that death occurred at 1: 1952, to 7/22, 1954 that I last sa									
									23B. ADDRESS 23C. DATE SIGNED
(Kishard A. Junear M.D. SINAI HOSPITAL 17/22/52									
24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. OCATION (City, town, or county) (State)									
Buck July 23 br 2 M on Amen Cevilo German Held Rd									
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 12.6									
LOCAL REGISTRAR	Plat full and B 1111 H								
JUL 23 1952 Hutangton Villaller, " Sof Sally uson Haus W North are									



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

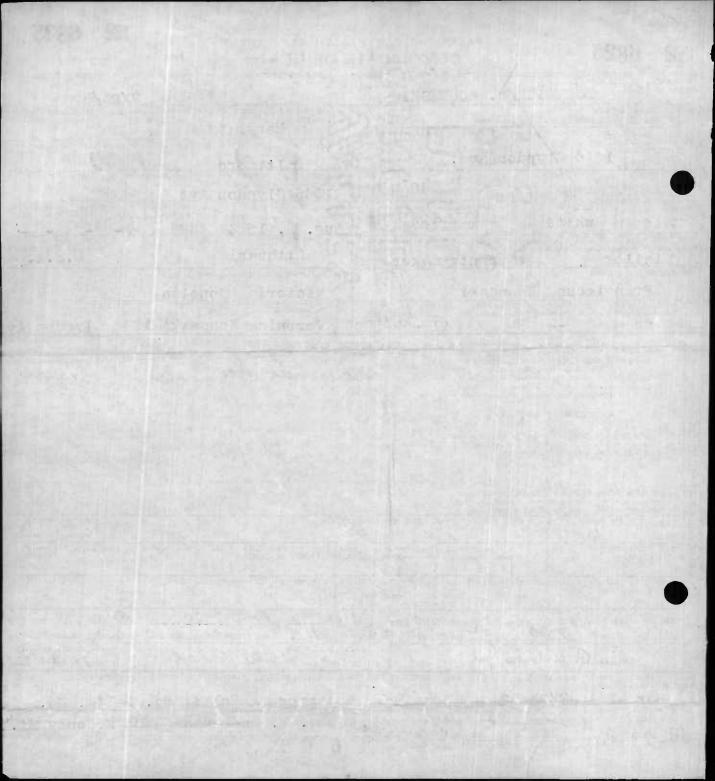
52 682	4		CERTIFICATI	E OF DEATH	Registered	No.	
1. NAME OF DE (Type or Print)		arah St	toler	2. DATE OF July 22, 1952			
3. PLACE OF DE A. Baltimore Ci	ty, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I	f institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION	2871 W Gar		ion, give street address or location)				
c. Length of st	ay in Baltimore	50	Yrs. Mos. Days	o. STREET ADDRESS (12871 W Garris		1	
5. SEX I emale	6.COLOR OR RACE	WIDOW	E. MARRIED, ED. DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year Months: Days Hours Min.			
10A. USUAL OCC ork done during most of House Wile	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Lithunia	foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NA		V-5		14. MOTHER'S MAIDEN NAME			
	bramowitz			Leah			
15. WAS DECEASED	EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Isidore Stoler		ADDRESS Son Ave	
injury or o	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
OTHER SIG	II GNIFICANT CONDITO TO THE CEATH, BUT EASE OR CONDITION	NOT RELATE	.D				
19A. DATE OF	OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
LYING OR	INT WAS UNDER- CONTRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	in or 21c. WHERE DID (If in Baltimore City, give exact loss otc.) INJURY OCCUR?			
>	Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE AT WORK	ED 21F, HOW DID INJUI	RY OCCUR?		
22. I hereby certify that I attended the deceased from 19, to 19, to 1965, that I le deceased alive on 1956, and that death occurred at 2 m., from the causes and on the date sto							
23a, SIGNATI	hum be	hape	M. O.	2028 Em	Empl.	23C. DATE SIGNED	
24A. BURIAL, CE TION, REMOVAL (Sp Burial	ecify) July 23	,1952	Bnai Israel Co	emetery . I	LOCATION (City, town	n, or county) (State)	
DATE RECEIVED		signatu	Williams, M	25. FUNERAL DIRECTOR	nson - Bu	s north aug	
VC 150		(J)	r 12 (-1)	A. 50 3/			



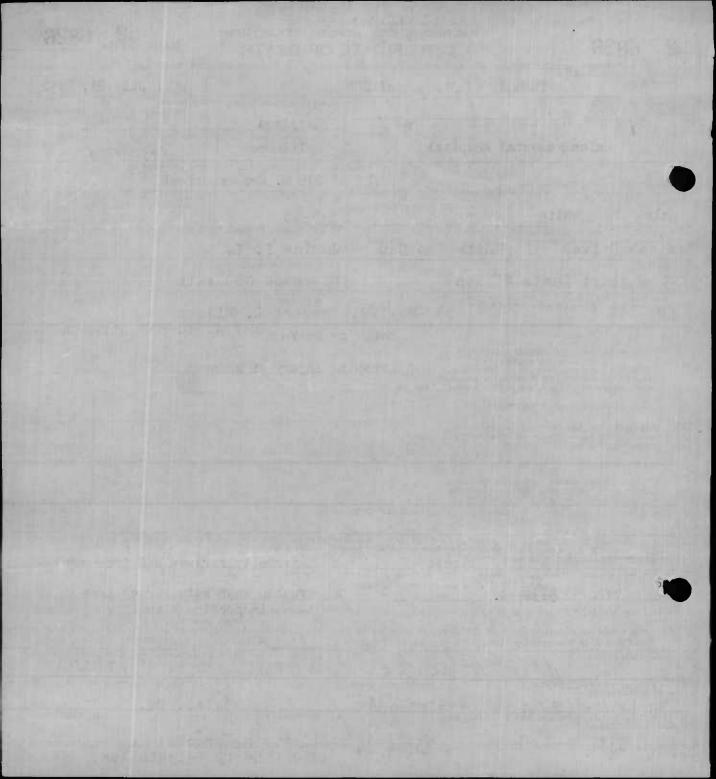
В	02 6825 RTH NO.	BALTIMORE CITY HE CERTIFICATE		d No
1.	NAME OF DECEASED (ype or Print) DOMINICK	G. KOUNESKI	2. DATE OF DEATH 7	/20/52
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	. If institution: residence before admission
H	FULL NAME OF (If not in hospital OR ISTITUTION 1346 Glynd)	al or institution, give street address or location) On ave.	c. CITY OR TOWN (If outside corporate li Baltimore	mits, write RURAL and give township
	Length of stay in Baltimore	42 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	•
	male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Aug. 2, 1884 68	
MOL	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) tailor	10B. KIND OF BUSINESS OR INDUSTRY pants makers	11. BIRTHPLACE (State or foreign country) Lithuania	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	(M)	14. MOTHER'S MAIDEN NAME	
13	Franciscus Kot	uneski FORCES? 16. SOCIAL	Victoria Sonolis	
(Y	a, no or nuknown) (If yes, give war or dates	security No. 213-09-590	17. INFORMANT 9 Veronica Kouneski 13	ADDRESS
-	18. 1514		OF DEATH	46 Glyndon A
	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode o heart failure, asthenia, etc. It meas injury or complication which e	f dying, e.g., (A) Car	einova Stomaels	/ylar
RTIFICATION	ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	(B) F ANY, GIVING STATING THE DUE TO		
E	11	(C)		
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		
SAL	0	98. MAJOR FINDINGS OF OPER		YES NO
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		y, give exact location)
-	D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE WORK AT WORK		
	22. I hereby certify that I att deceased alive on 7.70	ered at 1.45 Pm., from the eauses and or		
	John P. Urlock	e, }e	1227 Wash. Blvd	23c. DATE SIGNED
2	4A. BURAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, to	wn, or county) (State

Burial
DATE RECEIVED BY
LOCAL REGISTRAR
JUL 23 1952

7/23/52 Most Holy Redeemer Belair Rd. Balto Md.
REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS W. Kachauskas 703 McHenry St.



CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF THOMAS I.W. WILSON July 21, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Union Memorial Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 215 W. Mosher Street ength of stav in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH Male White 3 - 5 - 28Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? White Top l'axicab Jamica L. I. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert Lewis Wilson Florence Grodskie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknown) Herbert L. Wilson Durnam Strain RAVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Crushing Injury of Abdomen (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY' 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING A OR CONTRIB. UTING | CAUSE OF DEATH. University Parkway and Greenway street 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE Crushed when auto struck tree 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [3, suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c, NAME of CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county) 24A. BURIAL, CREMA-Baltimore Balto Buria DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR rmacost Liberty Heights Ave. N 868.3



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I NAME OF DECEASED 2 DATE (Type or Print) DEATH 3. PLACE OF DEATH: A USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Incation) C. CATY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MMUO Vrs D. STREET ADDRESS (If rural, give location) 10 ength of stay in Baltimore 100 Days 6. COLOR OR RACE If Under 24 Hours 7. SINGLE, MARRIED. H Under 1 Year 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. coors 104 10A. USUAL OCCUPATION (Give kind of 11. BIRTHELACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life even if setired) INDUSTRY WHAT COUNTRY? ouse wido 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You no or nuknown) | (If you give war or dates of acryice) 16. SOCIAL INFORMAN ADDRESS (Yes, no or uuknown) SECURITY NO 18. 420. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ZOL (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... T. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE! WHILE AT WORK AT WORK 19 1 that I last saw the 22. I hereby certify that I attended the deceased from . 19 1 and that death occurred at deceased alive on_ Im., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS フ・セングレ BURIAL, CREMA-24A BURIAL, CREMA-24c. NAME OF CEMETERY OR CHEMATORY 24D. LOCATION City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR

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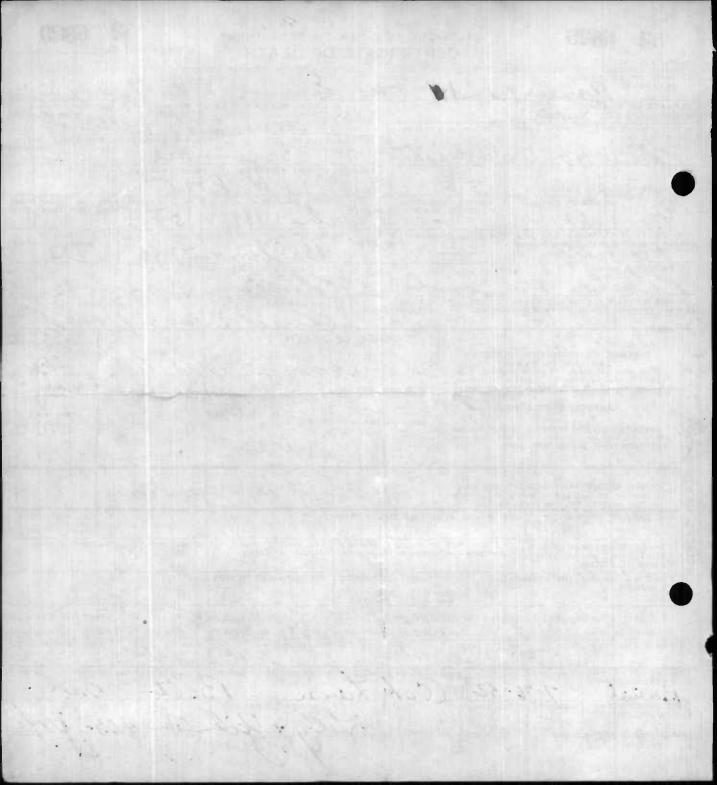
BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) NNIE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION .. Yrs. D. STREET ADDRESS / (If rural, give location) Mon ength of stay in Baltimore Days 6. COLOR-OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Hoder 24 Hours WIDOWED, DIVORCED (Specify) last bir hday) Months: Days Hours: Min. staow 10A. USUAL OCCUPATION (Givehind of) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House we 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) etes meelitus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT m. WORK AT WORK 1950 19 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on_ 19 2 and that death occurred at _m., from the causes and on the date stated above. 23A. SKENATURE 238. ADDRESS 23c. DATE SIGNED M. D. 24A BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Jurax DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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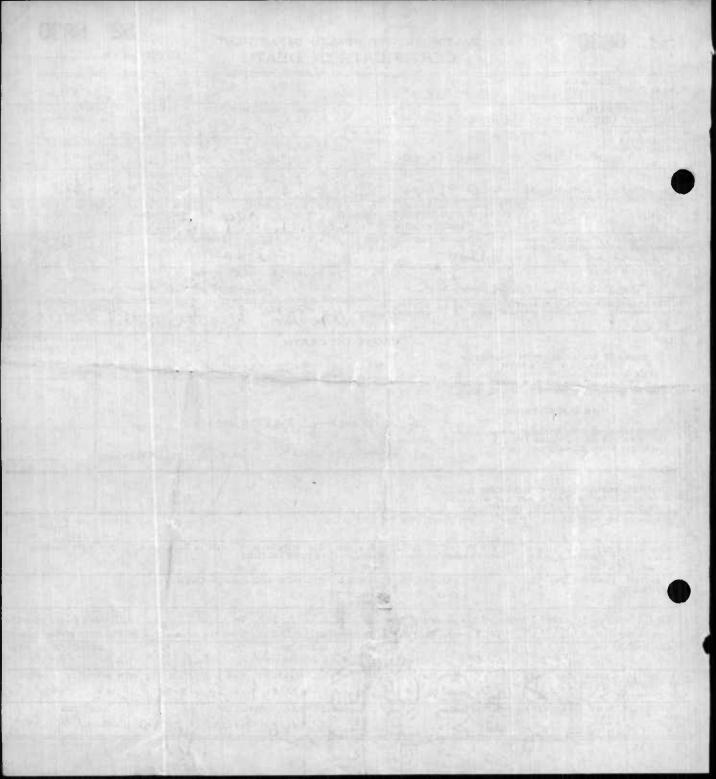
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TIMORE CITY HEALTH DEPARTMENT

	32 0020	CERTIFICAT	E OF DEATH	Registered N	Vo
	BIRTH NO.	CERTIFICAT	L OF BLATH		
	1. NAME OF DECEASED (Type or Print)	At mis	Emma	2. DATE OF DEATH	22/5-6
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived. If	institution : residence before admission
	B. FULL NAME OF (If not in hospital or in HOSPITAL OR	nstitution, give street address or location		(If outside corporate limit	Menor!
	INSTITUTION Home +7	tospital	Ball	more . 1	township
	CALLER HAVE	Yrs.	D. STREET ADDRESS	(If rural, give location)	
	ength of stay in Baltimore	58 Mos. Days	21711.	Port.	
		INGLE, MARRIED,	oct. 23, 189.		funder Year If Under 24 Hours nths Days Hours Min.
-	rork done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME !	03.
	Ekarler mc1	under.	Christin	a Boras	non
	15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or naknown) (If yes, give war or dates of serv	CES? 16. SOCIAL vice) SECURITY NO.	17. INFORMANT	- A	DDRESS - 10
-			Thurs	Home +/	topelax.
	18. 260×		OF DEATH	7	ONSET AND DEATH
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying)	71	Viceleter	Meleter	1/ens
	heart failure, asthenia, etc. It means the injury or complication which caused	disease,			
	ANTECEDENT CAUSES	10	eloTei (1	2000	2/10
	DISEASES OR CONDITIONS, IF ANY,	, GIVING	Cauca -	<i>77.</i> ~	- Cours
il.	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	(C)	ladoris		
	E II				
114	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F	RELATED / 440	read me	Afrening	
1	19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPE	RATION	111	20. AUTOPSY?
	21a. ACCIDENT WAS UNDER- 21	B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City,	give exact location)
	LYING OR CONTRIBUTING About CAUSE OF DEATH	t home, farm, factory, street, office bldg.			
1	21D. TIME (Month) (Day) (Year) (House	r) 21E. INJURY OCCURE WHILE AT NOT WHILE		URY OCCUR?	
		m. WORK AT WORK		*.V	5
	deceased alive on selly 32, 195	d the deceased from	med at 148 m today	m the causes and on the	_, that I last saw th
	23A. SIGNATURE	Lana that death occu	23B. ADDRESS	a L	23c. DATE SIGNED
-	1 0 0 = 3.	Very M.D.	156 M.M	LOCATION (City, town,	7/22/57
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24d NAME OF CEMETI	P	Partion (City, town,	or county) (State)
1	DATE RECEIVED BY REGISTRAR'S SIG	SNATURE,	25. FUNERAL DIRECTO	DR II	ADDRESS
	LOCAL REGISTRAR Huntingto	To Williams Mi	Telly + 201	: la Ohr -4	0382/04/2
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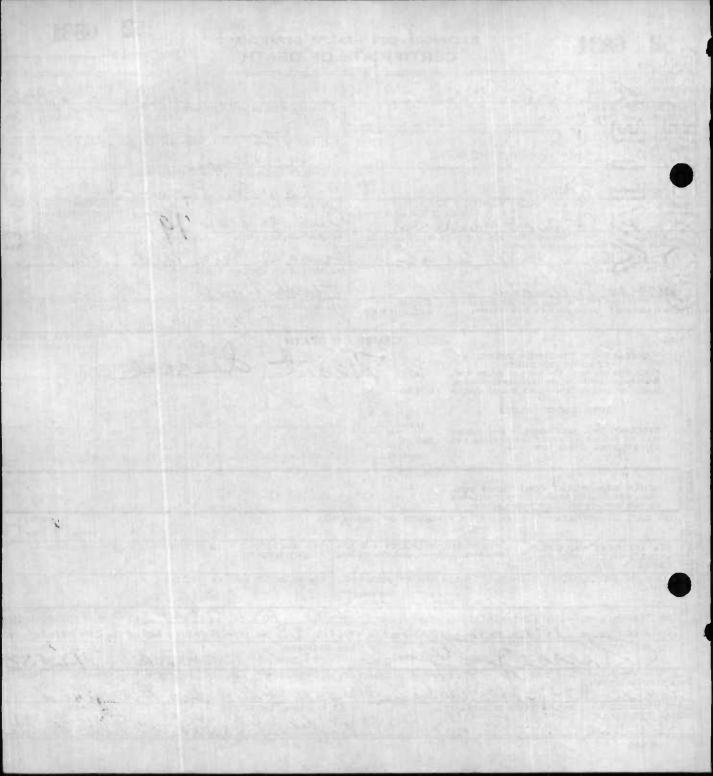


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BALTIMORE CITY HEALTH DEPARTMENT

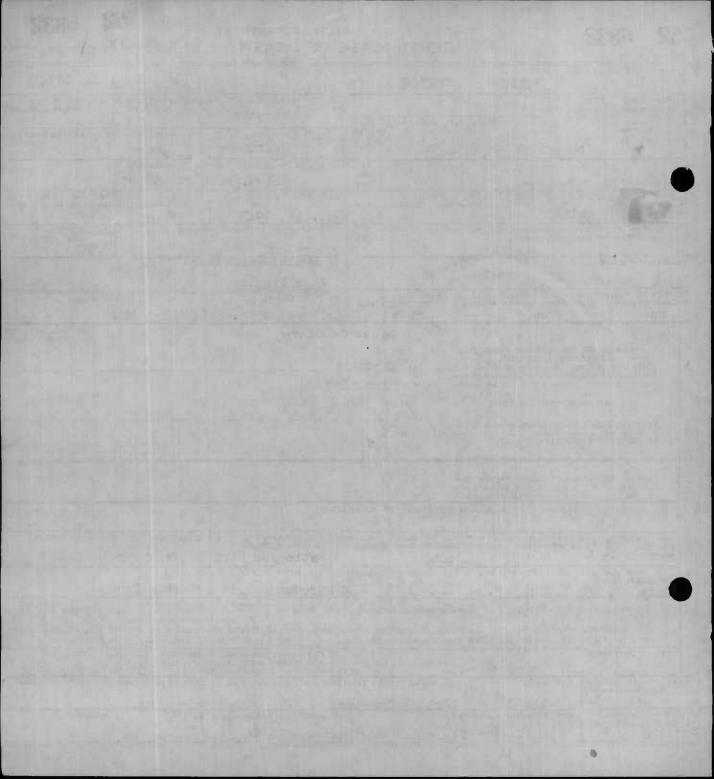
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B	RTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF DECEASED	rilli.		2. DATE OF	1. 21 1902
	PLACE OF DEATH: Baltimore City, Maryland	- Company	4. USUAL RESIDENCE (W	DEATH) AND Where deceased lived. If it is a county	instruction: residence before admission)
H	OSPITAL OR	tution, give street address or location)		outside corporate limits	s, write RURAL and give
	JOHNS HOPKINS HO	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	7
		Days LE. MARRIED.	2031 S.	9. AGE (In years)	Under 1 Year If Under 24 Hours
15	emple Coloned. W	OWED, DIVORCED (Specify)	Jug- 8-1872	14	nths Days Hours Min.
WOL	voneduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	Havre de Mac	e. Wed.	WHAT COUNTRY
13	Yannea Polariate		14. MOTHER'S MAIDEN NA	AME	
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (if yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AE OPKINS HOSPITA	DDRESS
NOI	18. 434.3 DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the dise injury or complication which caused des ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING	Y (A)	OF DEATH	reare	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	UNDERLYING CONDITION LAST.	(C)			
CERTII	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		YES NO
MEDICAL		LACE OF INJURY (e. g., in the farm, fectory, street, office bidg., of		f in Baltimore City, g	ive exact location)
	ID. TIME (Month) (Day) (Year) (Hour) F INJURY	21E, INJURY OCCURR		OCCUR?	
	22. I hereby certify that I attended th	ne deceased from	7-21 1952, to	7-21,1952	, that I last saw the
	23A. AGNATURE 2	and put death occur	rred at BK m., from the 23B. ADDRESS JOHNS HOPKIN		e date stated above
710	A. BURIAL REMA- N. REMOVAL (Specify) DUVIAL 7-251-1952		moriel Pk. arb	ocation (City, town,	or county) (State)
	THE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR Huntington	Vallacus M.Z.	25, FUNERAL DIRECTOR	Vick, 1412E.	Preston St.



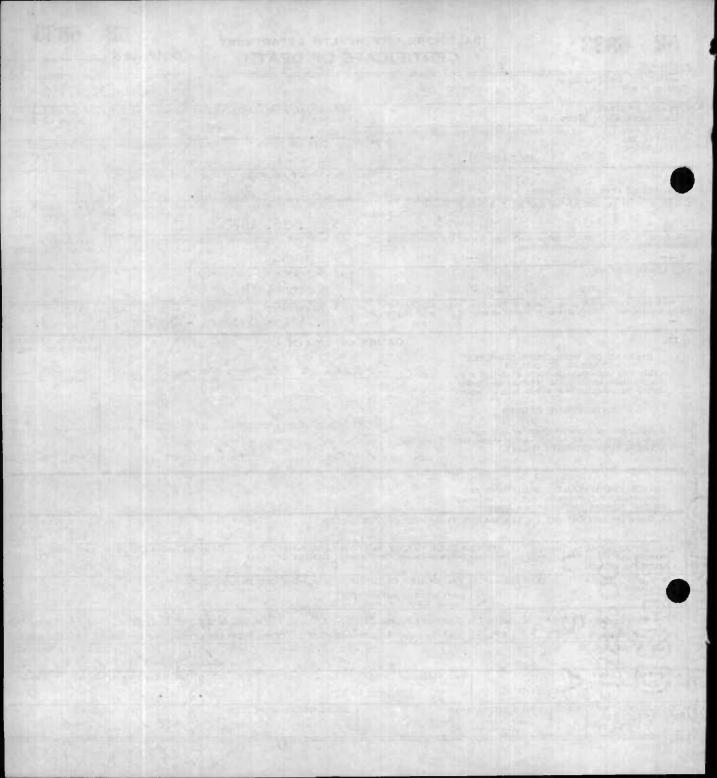
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

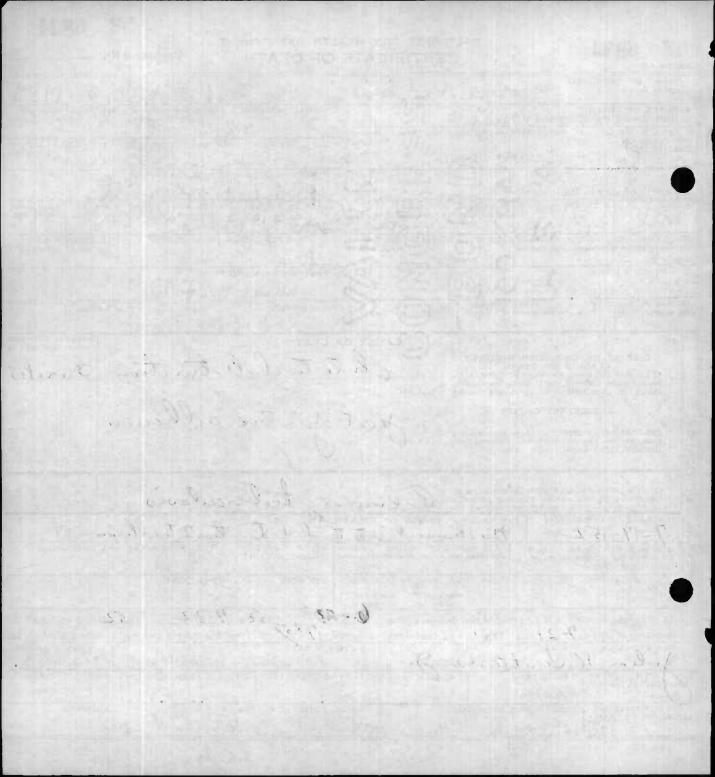
В	IRTH NO.			CERTIFICAT	E OF DEATH	registered i	.10.
	NAME OF DECE.	JAN-	MES	GOUDOT		2. DATE OF July DEATH	22, 1952
Α.	PLACE OF DEAT Baltimore City, FULL NAME OF	, Maryland	a) on inveitue	ion, give street address or	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution : residence before admission
H	OSPITAL OR	Johns Hopk		location)			ts, write RURAL and give township
7	ength of stay	in Raltimore		Yrs. Mos.		frural, give location) wkirk Street	1
	SEX 6.C	OLOR OR RACE		Days E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	onths Days Hours Min.
IC	PA. USUAL OCCUP	ATION (Give kind of king life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY USA
	FATHER'S NAME	E	4491		14. MOTHER'S MAIDEN	NAME	UOA
-	oger Goudot	/ED IN IL C ADMER	FORCECS	Les cocial	Jean Tingle		
(Ye	o, no or unknown) (I	f yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
ERTIFICATION	DISEASE OF LEAST OF L	DR CONDITION ADING TO DEA' mean the mode of sthenia, etc. If mea plication which of ECCEDENT CAUS CONDITIONS, II BOVE CAUSE (A) CONDITION LA II IFICANT CONDITION THE DEATH, BUT SE OR CONDITION	TH of dying, e. g ns the diseas ausod death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	ing	alisotry, mu.	INTERVAL BETWEET ONSET AND DEATH
Ū	19A. DATE OF OF	PERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		or CONTRIB. EE OF DEATH. th) (Day) (Year) 952 12:45	(Hour)	CE OF INJURY (e. g., is arm, factory, street, office bldg., opool 21e. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK remains described at	Patterson Park ED 21F. HOW DID INJUR X Drowned while above, held an partia	y occur? swimming in	01 1/3
	the evidence and death	in my opinion	said Auto	psy, Inspection or I rom: natural eauses	Inquiry, find that said of B , accident A, suicide 23B. CHIEF MEDICAL	leceased died on the □, homicide □, u EXAMINER□ 23	e day stated above indetermined [].
2.4 TIC	A. BURIAL, CREM ON, REMOVAL (Specify	у)	Ψ	4c. NAME OF CEMETE		TOR	or county) (State)
JE	Burial ATE RECEIVED BY DEAL REGISTRAR 2 3 1959	REGISTRAR'S		Parsons Cemete	25. FUNERAL DIRECTOR	isbury Md.	ADDRESS
	S 151 N990	Xmerry	8	1 2	TOTTOWNY & BO 2	alisbury, Md.	V



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH Registered No			
I. NAME OF DECEASED (Type or Print) ROSA	GETTRUST	2. DATE OF July 22, 1952			
HOSPITAL OR INSTITUTION	institution, give street address or location)	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Md C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
2908 Allendale	Rd.	Baltimore township) D. STREET ADDRESS (If rural, give location)			
ength of stay in Baltimore	Mos. Days	2908 Allendale Rd.			
female white	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	Sept. 16, 1877 9. AGE (In years last birthday) 9. AGE (In years Months Days Hours Min.			
IOA. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Henry Bernh		Rebecca Laib			
15. WAS DECEASED EVER IN U. S. ARMED FOR Yes, no or unknown) (If yes, give wer or dates of each of the control	RCES? 16. SOCIAL SECURITY NO.	Mrs. Alice Rodgers - 2908 Allendale Rd.			
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 198. N	ing, e. g., (A) Can led disease, d death.) DUE TO (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	In instance on the second of t			
S	YES NO				
LYING OR CONTRIBUTING CAUSE OF DEATH	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CHURCH CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or bout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
	54, and that death occur	red at 4: 1/4 m., from the eauses and on the date stated above. 38. ADDRESS 24. DATE SIGNED			
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) Burial 7/24/52	24c. NAME OF CEMETER Loudon P				
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR LOCAL REGISTRAR'S SIGNAL SIGN		25. FUNERAL DIRECTOR . ADDRESS			
vs 150 Batto 17, Md.					

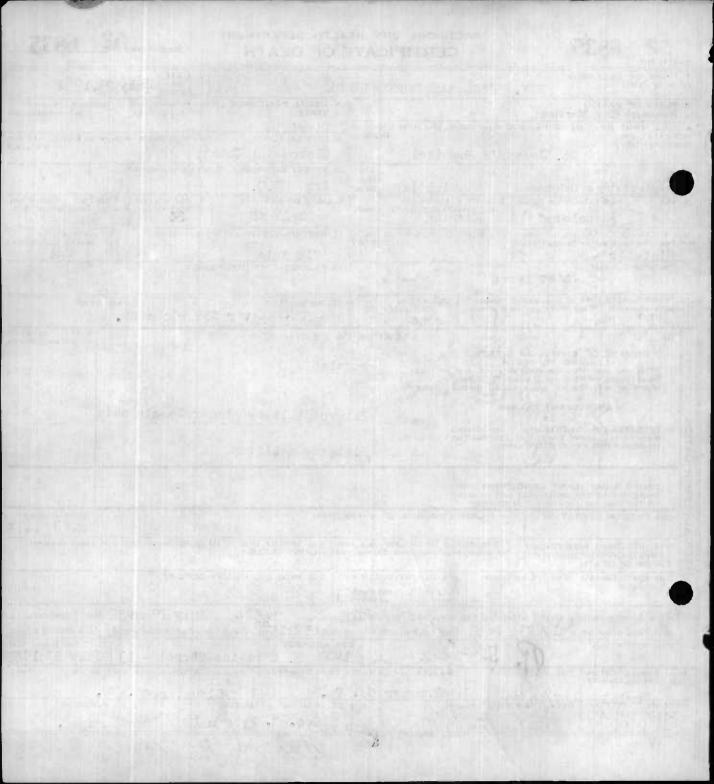




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 6835

1. NAME OF DECEASED (Type or Print) REV. JOHN WASHINGTON LEMON 2. DATE OF DEATH July 23,	
DEATH	2050
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution and its state and its stat	ution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Virginia (If outside corporate limits, weights)	
INSTITUTION (If duality composite minus, with	township)
St. Joseph's Hospital Gloucester County Yrs. D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore Visiting Mos. Ark P.O.	
5 SEX 6 COLOR OF RACE 7 SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) # Under	Year If Under 24 Hours
Male Colored WIDOWED DIVORCED (Specify) 1/17/68 last birthday) Months	Days Hours Min.
	CITIZEN OF WHAT COUNTRY?
Minister Virginia	USA
13. FATHER'S NAME James Lemon 14. MOTHER'S MAIDEN NAME	
James Lemon ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO.	ESS
no security No. Mabel Driver 339 Bloom St.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CDNTRIBUTING TD THE DEATH, BUT NDT RELATED	DNSET AND DEATH
19a, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY?
	YES ND
21A. ACCIDENT WAS UNDER. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING City, give of CAUSE OF DEATH	YES ND
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	YES ND
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	YES ND
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	YES ND X
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from July 22. 19 52 to. July 23. 1952 the	YES ND A
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from July 22 , 1952 to July 23 , 1952 the deceased alive on July 23 , 1952 and that death occurred at 12:15m., from the causes and on the day 23A. SIGNATURE 23B. ADDRESS	exact location) at I last saw the late stated above.
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from July 22 , 19 52 to July 23 , 19 52 the deceased alive on July 23 , 19 52 and that death occurred at 12:15m., from the causes and on the document of the course of the	at I last saw the ate stated above. In the control of the control
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from July 22 , 19 52 to July 23 , 19 52 the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 and that death occurred at 12:15 m.	at I last saw the ate stated above. In the control of the control
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from July 22 , 19 52 to July 23 , 19 52 the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m.	at I last saw the ate stated above. C. DATE SIGNED LLY 23,1952 punty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from July 22 , 19 52 to July 23 , 19 52 the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 , 19 52 the deceased alive on July 23 , 19 52 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 23 and that death occurred at 12:15 m., from the causes and on the deceased alive on July 24 and the deceased alive on July 24 an	exact location) at I last saw the ate stated above. C. DATE SIGNED (State) DRESS

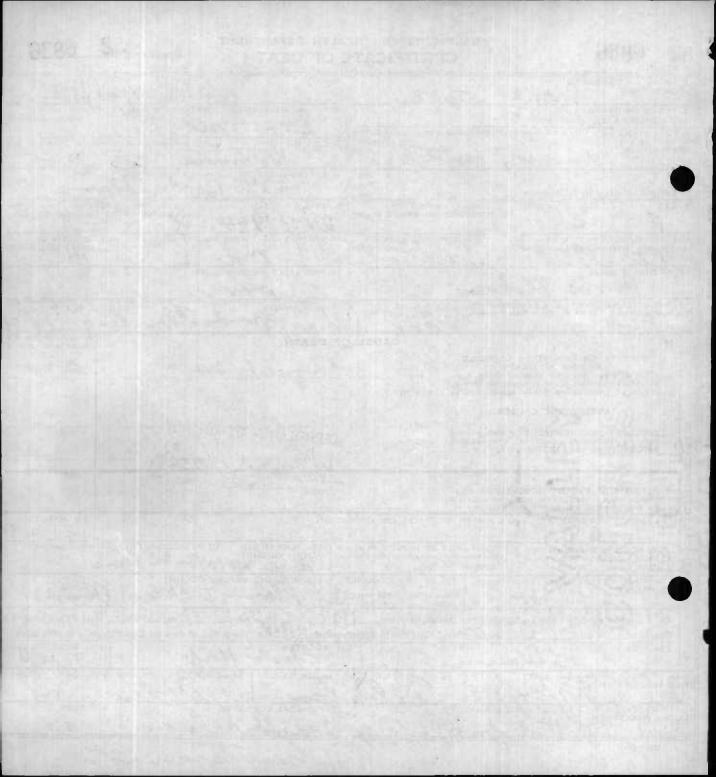


3 L L 52 6836 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 6836

BIRTH NO.	
I. NAME OF DECEASED (Type or Print) PEARL STOKES	2. DATE OF DEATH 7/21/52
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live). If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RUPA), and give
Institution University tostital	Billimore 25-5 Committee
Yrs. Mos.	D. STREET ADDRESS (If gral, give location)
c. Length of stay in Baltimore Days	2140 Booker Drive
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWAD, DIVORGED (Specify)	8. DATE OF BIRTH 21-11944 9. AGE (In years last hirthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give hind of work done during most of working life, even if a tired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harris Glokes	young
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMATI ADDRESS / 4 26
18. F 0 1 L . O CAUSE C	OF DEADH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	Magnetuna 2 mio
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	CERTIFICATION APPROVED BY
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	1 1 1 2 -
(C)	A LAR A MALLERY
OTHER SIGNIFICANT CONDITIONS CON-	CHIEF OR ASST. MEDICAL EXAMINER.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	One of the second secon
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	Near 2740 Bother Drive 25/32
FID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	1 00 1.01
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from.	19 2 to 7/2 , 19 , that I last saw the
	red at 10:50 km., from the causes and on the date stated above.
G. alderman M.D.	Mir Hosp 7/21/0,2
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TIPM, REMOVAL (Specify)	RY OF CREMATORY 240 LOCATION (City, wwn, or county) (Stage)
Burial 7/24/52 (Inlow	lus Ulrilus my
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUL 23 195/ 1 Tuntington Williams Mit	460 M. 18 800 1 503
VS 150 N949 2	Gresslang It



BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 6837

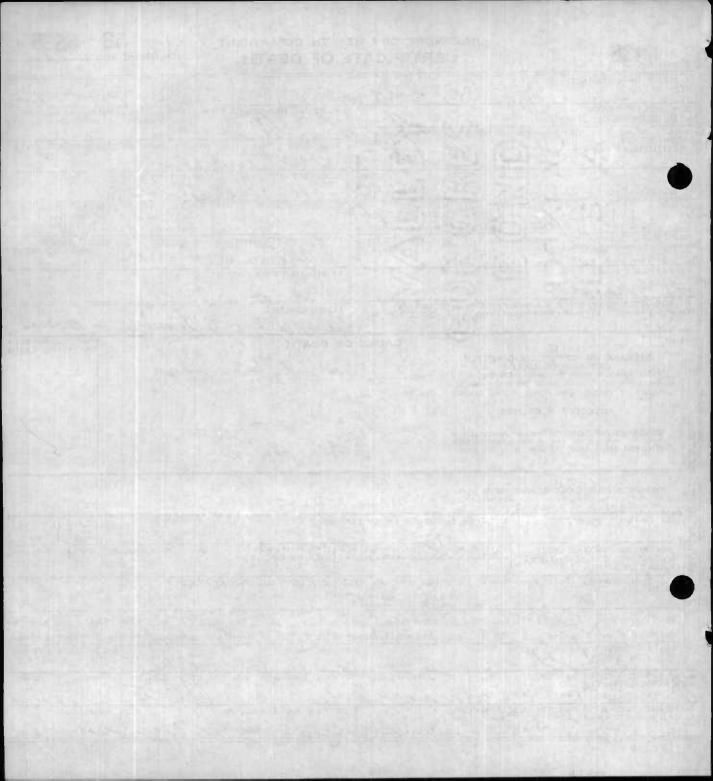
8	IRTH NO.	E OF DEATH
('	NAME OF DECEASED Type or Print) Hildebrand, mr andrew	a. 2. DATE OF DEATH July 22 - 1952
	Baltimore City, Maryland Baltimore - ma	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission)
В	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	
	Lame for Incurables - 700 lu-40 5+	Baltimore 3 - (winship)
	Length of stay in Baltimore Life Mos. Mos. Days	D. STREET ADDRESS (If rural, give location)
	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours
4	male white Single Specify) PA USUAL OCCUPATION (Girchinds) JOB KIND OF BUSINESS OF	march 2-1871 -81
	k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	Baltimore - md. W.S.a
	george Hildehrand	14. MOTHER'S MAIDEN NAME
13	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary Sciling
(Y	me, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
_		OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	artice Heart Failers, Bush
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	4 · At · O To Several
	MA	eleury promotion years
7	ANTECEDENT CAUSES	Fall to
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
AT	UNDERLYING CONDITION LAST,	
FIC	(C)	
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON-	
日	TRIBUTING TO THE DEATH, BUT NOT RELATED	
C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
CAL	0	YES NO
1EDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)
1	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
	n. WHILE AT NOT WHILE	
	22. I heroby certify that I attended the deceased from July	1952, to July 222, 1957 that I last saw the
	deceased alive on Jel, 200, 1952, and that death occur	red at 2 25 m., from the causes and on the date stated above.
		38. ADDRESS 11 C. Chee St. Belt 2 7/22/62
73	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
D	urial July 25/52 Most Holy Re	edeemer Cemetery, Balto. Md.
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	edeemer Cemetery, Salto. Md. as. Funeral Director / Address
D		

N SUPERIL SE and the same and the same and the same THE THE STATE OF T with district another a security of

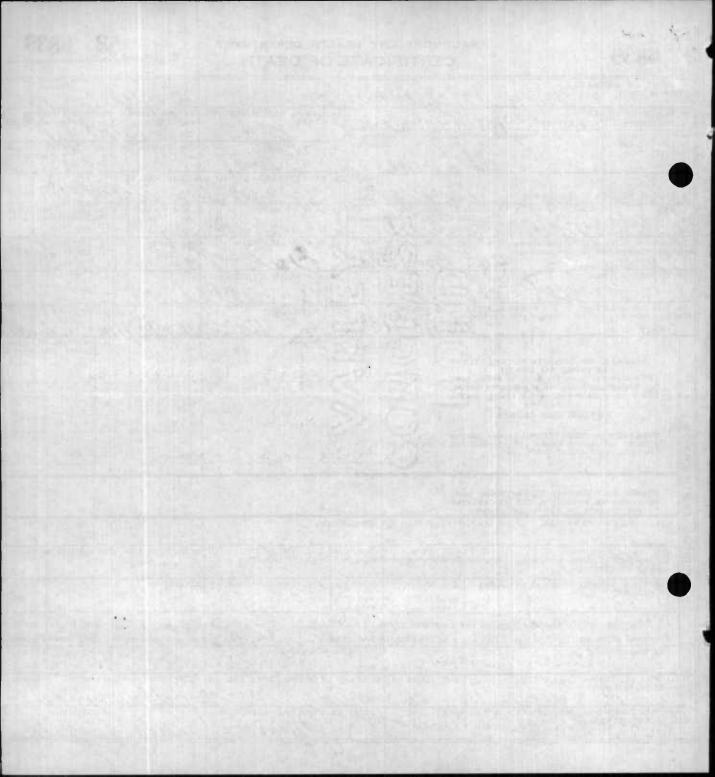
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6838 Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	New York Control of the Control of t	2. DATE	
FANNIE W. 15	ALTIMORE	DEATH UNLY	122,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDEN	Where deceased lived. If ins	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give stre			A 181
HOSPITAL OR INSTITUTION	location) c. C/37 OR TOWN	(If outside corporate I mitted	write RURAL and give
Nociore Mospe	las bully	moras W	(Monship)
19	Yrs. D. STREET ADDRES	(If rural, give location)	
c. Length of stay in Baltimore	Mos. 3911 U-	ello, wol	
5/SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	8. DATE OF BIRTH	9. AGE (In years) If Un	der I Year Il Under 24 ilours
Temple Whate Tharme	CED (Specify)	last birthday) Month	hs Days Hours Min.
10A. USUAL OCCUPATION (Givekinded) 10B KIND OF BUSIN	IESS OR 11. BERTHPLACE (Sta	ate or foreign country)	2. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY /	The state of the s	WHAT COUNTRY?
13. FATHER'S NAME	pacuni	ore much	
13. FATHER'S NAME	14. MOTHER'S MAIL	EN NAME	
Tymal	1 xhene	1	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI. (Yes, no or ynknown) (If yes, give war or dates of service) SECI.	AL 17/ANFORMANT	O ADE	DRESS A
SECO	RITY NO.	An Otimora.	- Harro
18. 2314	SALICE	Quantità de .	INTERVAL BETWEEN
2011	CAUSE OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Consola & b.		
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,		marry	6 hours
injury or complication which caused death.) DUE To			
ANTECEDENT CAUSES	11		
	Hypertensin		15 yours.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************	
d DINDERLING CONDITION LAST.	anten cords		Elyan
<u>O</u>			J.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	•		,
TO THE DISEASE OR CONDITION CAUSING IT.	for earn own		1 day.
194. DATE OF OPERATION 198. MAJOR FINDINGS	OF OPERATION		20. AUTOPSY?
A D DIAGE OF IN			YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJ	URY (e.g., in or 21c. WHERE DID		e exact location)
LYING OR CONTRIBUTING about home, farm, factory, atr	eet, office bidg., etc.) INJURY OCCUR?		
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJUR	Y OCCURRED 21F, HOW DID II	NJURY OCCUR?	
F INJURY WHILE AT	NOT WHILE		
m. WORK	AT WORK		
22. I hereby certify that I attended the deceased	rom July 17, 1952,	to July 22, 1954	that I last saw the
deceased alive on July 22, 195 and that a	eath occurred at 10:10 m., fr	rom the causes and on the	date stated above.
23A. SIGNATURE	23B. ADDRESS	1 1	23c. DATE SIGNED
1 A. A. Juna	M. D. Temple ga	when lyst.	7/22/50
246 BURIAL, CREMA- 24B, DATE 10N, REMOVAL (Specify)	OF CEMETERY OR CREMATORY 2	24D. LOCATION (City, town, or	county) (State)
Lurial 7-24 42 Mile	ug Tow	17 acto	o Ma.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIREC	TOR/	DDRESS ()
LOCAL REGISTRAR	/M3 /10× 60.00	6- 56.	THEN MO
-111 23 1952 · · · · · · · · · · · · · · · · · · ·	C MY FRUIT CONSTRAIN	0 0 the 2100 Ge	1000
VS 150	. // 0		

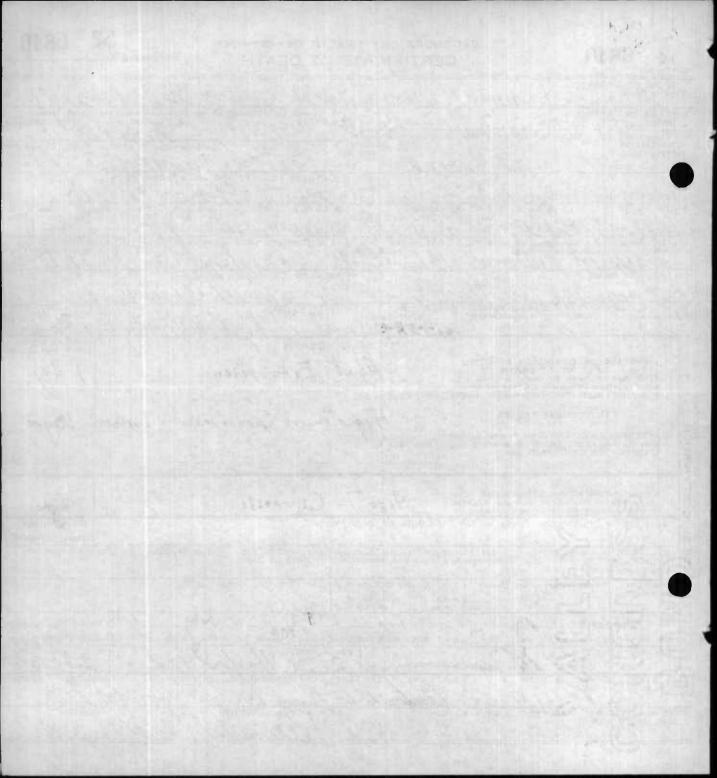


BALTIMORE CITY HEALTH DEPARTMENT Registered 1 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution, residence 3. PLACE OF DEATH: A. Baltimore City, Maryland, 39 (before admission) A. STATE BLCOUNTY B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RORAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore tarreson Days 5. SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR/OR RACE AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 9. AGE (In years) 10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Body B WHAT COUNTRY? Elise 13. HATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16 SOCIAL 17. INFORMANT SECURITY 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 1 YES EDIC. 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from Fib uly 1917 that I last saw the 8 15 Pm., from the causes and on the date stated above. deceased alive on July 22, 1952, and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or edunty) REGISTRAR'S SUGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS VS 150



H .	740		-0		
52 6840 BALTIMORE CITY HEALTH DEPARTMENT 52 BIRTH NO. Registered No.					
1.	NAME OF DECEASED ()	O (Dolken Vanle)	2. DATE OF	46-Fh	
	PLACE OF DEATH: Baltimore City, Maryland	A USUAL RESIDENCE (Wh	ere deceased lived. If instit	ution: residence (before admission)	
B. H		stitution, give street address of location) c. CITY OR TOWN (If or	utside corporate limits, wri		
	af	Yrs, D. STREET ADDRESS AND	ral, give location)	7-0 (toynship)	
	Length of stay in Baltimore SEX 6.COLOR OF RACE 7. SI	BZY10. Mos. Days Zerors	rought a	U.	
7		NGLE MARRIED, B. DATE OF BIRTH BLOWLED, DIVORCED (Specify)	9. AGE (In years If Under last birthday) Months	Days Hours Min.	
Wot	A. USUAL OCCUPATION (Give kind of 10B. done during most of working life, over (fretired)	KIND OF BUSINESS OF 11. BIRTHPLACE State or form		CITIZEN OF	
13	B. FATHER'S NAME	14. MOTHER'S MAJOEN NAT	ME B	7.5.	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCE 6, no or nnknown) (If yes, give war or dates of serv	EST 16. SOCIAL 17. INFORMANT SECURITY NO.	1 Ch	ESS 208	
	18. 1/1/2 NO	CAUSE OF DEATH	rylor-dayhlu	NTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECT	TLY Don't Ful Time		ONSET AND DEATH	
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,		day	
7	ANTECEDENT CAUSES	(B) Hypertensive Cardiova	sevlar Disease	Lours	
TION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.	GIVING		V	
FICA		(C)			
ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	ELATED Hopelic (inchesis		3.10	
L C	19a, DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPERATION		20. AUTOPSY?	
EDICA		s. PLACE OF INJURY (e. g., in or line) 21C. WHERE DID (If home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	in Baltimore City, give e	exact location)	
	ID. TIME (Month) (Day) (Year) (Hour of INJURY		OCCUR?		
	22. I hereby certify that I attended	m. WHILE AT NOT WHILE AT WORK AT WORK 1939, 19 to	ly 1952 th	at I last saw the	
		and that death occurred at 4:20 A.m., from the	chuses and on the do	ate stated above.	
	234 SIGNATURE	1238 ADDDESS 11 A	1 - 1 22	C DATE SIGNED	
-	23A. SIGNATURE	238. ADDRESS Harford	(Gd.)	DATE SIGNED	
2. TI	4A. BURIAL. COMMAN 44B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETERY OF CREMATORY 24D. LOS	(Gd.)	July 23, 15	
D	201 M. Se	24C. NAME OF CEMETERY OF CREMATORY 24D. LOS	CATION (Gity, town, Good	July 23, 195	

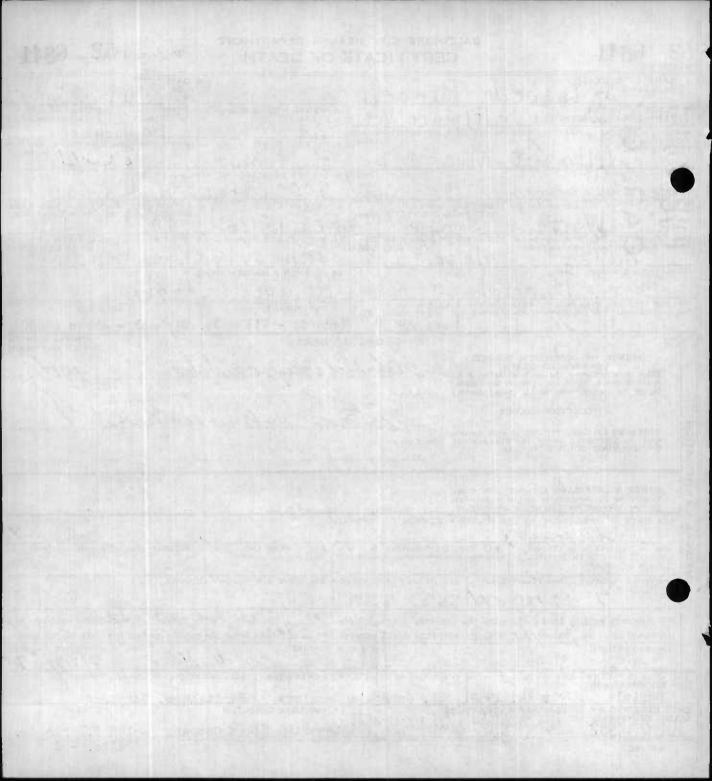
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 6841

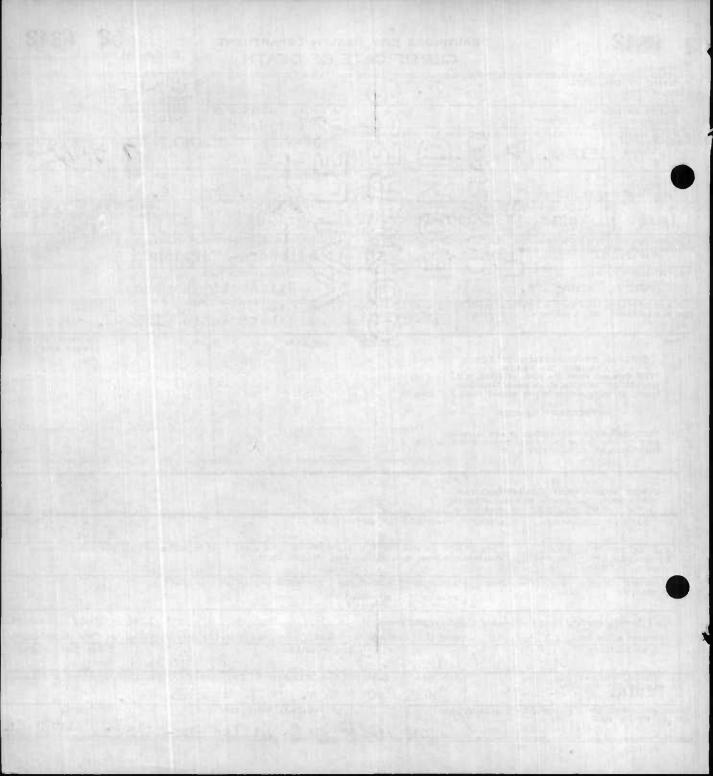
BI	RTH NO.						
(T	ype or Print) Sr. Isabelle	Purcell	2. DATE OF DEATH	July 2,2, 1952			
	Baltimore City, Maryland Butt	imore Md.	4. USUAL RESIDENCE (Where decease A. STATE B. CO	ed lived. If institution: residence UNTY before admission)			
	FULL NAME OF (If not in hospital or insti	tution, give street address or location		Sallimore			
	ISTITUTION / (1) C+ M	iqcation)	c. CITY OR JOWN (If outside corpo	orate limits, write RURAL and give township)			
3	VIII Q DV IV	ichael	Baltimore	4			
		Yrs. Mos.	D. STREET ADDRESS (If rural, give lo	cation)			
_	Length of stay in Baltimore SEX 6. COLOR OR RACE 7, SING	LE, MARRIED.	18. DATE OF BIRTH 9. AGE (I	n years I f Under I Year I ff Under 24 Hours			
٥.		WED, DIVORCED (Specify		thday) Months Days Hours Min.			
10	DA. USUAL OCCUPATION (Give kind of 108. KI	ND OF BUSINESS OR	II. BIRTHPLACE (State or foreign countr				
	k done during must of wurking life, even if retired)	INDUSTRY	Pa.	1) 12. CITIZEN OF WHAT COUNTRY?			
-12	rlurse I H	ospilal	TENNSYIVANI	a 1 U.S.			
13	B. FATHER'S NAME D		14 MOTHER'S MAIDEN NAME				
	Jerry Turcerr		Driagel Carro	166			
(Yes	e, no or unknown) If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	No No	NONE	Records - Villa St. Mich	nael - above (4000)			
	18. 422.1	CAUSE	OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTI	Y 0/	·				
	(This does not mean the mode of dying,	e.g., (A) Chro	ue myocardeles	44 days			
	heart failure, asthenia, etc. It means the dis injury or complication which caused de	ath.) DUE TO					
	ANTECEDENT CAUSES	01	The solowing	4 1 7			
z		(B) // // //	ris selecous	leveral!			
임	DISEASES OR CONDITIONS, IF ANY, GI	VING THE DUE TO					
A	UNDERLYING CONDITION LAST.	(G)					
ERTIFICATION							
E	OTHER SIGNIFICANT CONDITIONS	ON					
ER	TRIBUTING TO THE DEATH, BUT NOT REL	TED					
O	19A. DATE OF OPERATION A 198. MAJO	OR FINDINGS OF OPE	RATION	20. AUTOPSY2			
AL	Horn			YES NO X			
S	21A. ACCIDENT WAS UNDER- 218.	LACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Baltimo	ore City, give exact location)			
ᇤ	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
Σ	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
L	FINJURY 7 22 19G 330A WHILE AT NOT WHILE						
22/023 Mil. 1 WORK AT WORK 1							
	deceased alive on July, 1952, and that death occurred at 3364n., from the causes and on the date stated above.						
	deceased alive on 1901, 1902		238. ADDRESS	23c. DATE SIGNED			
	A.P. alda	ca M.D.	3326/11/1. (14)	3 7/22/52			
24	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
110	Burial July 24, 1952	St. Joseph's	Cemetery Emmitsburg.	Maryland			
DA			25. FUNERAL DIRECTOR	ADDRESS			
L	CAL REGISTRAR Tuntington	Vellacus My	Stewarts Mowen Company	- 108 W. North Av.			
-	VS 150	A PER NEW AND ASSESSMENT OF A PARTY	Key	Balto 1			



15	30
12	6842

BALTIMORE CITY HEALTH DEPARTMENT

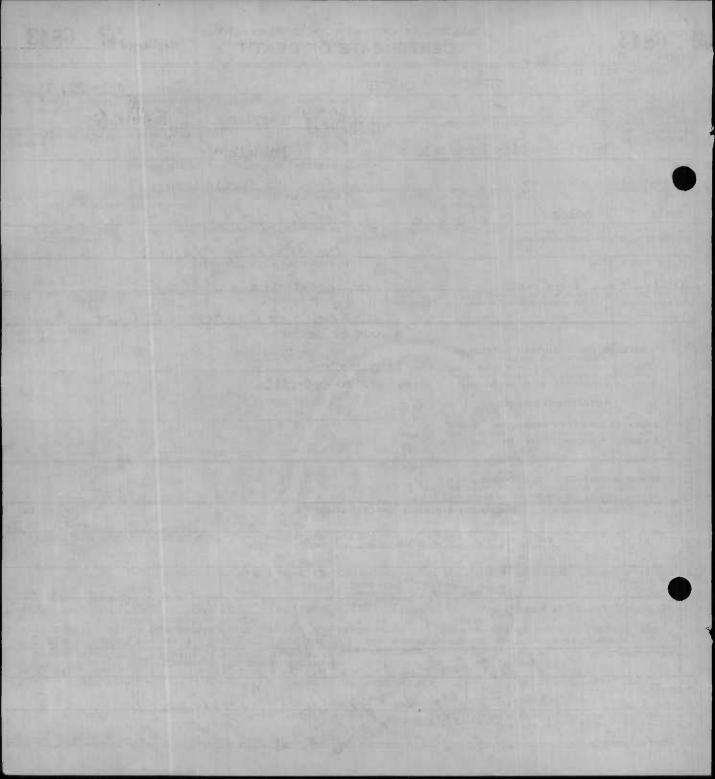
В	BIRTH NO. CERTIFICATE OF DEATH					
1. (T	1. NAME OF DECEASED Henry Bente Jr.				2. DATE7-22-52 OF 7-22-52 DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1512 N. Rose St. Yrs. Mos. C. Length of stay in Baltimore				location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) C. CITY OR TOWN (If outside corporate limits, write RUMAL and give township)	
					D. STREET ADDRESS (If rural, give location) 1512 N. Rose St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. MALE MARRIED. MARRIED.			7. SINGLE	. MARRIED.	8. DATE OF BIRTH 9 AGE LIN years If Bader Year If Bader 24 House	
10a. USUAL OCCUPATION (Give kind of work done pringing fife, even if retired) Hands Boat Yard					11. BIRTHPLACE (State or foreign country) Baltimore - Maryland 12. CITIZEN OF WHAT COUNTRY?	
13	13. FATHER'S NAME Henry Bente Sr.				14. MOTHER'S MAIDEN NAME Elizabeth Kamphaus	
	(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 215-CUSTY469			212-05-4694	17. INFORMANT Elizabeth Bente 1512 N. Rose St.	
Z	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) DUE TO ONSET AND DEATH (A) DUE TO					
FICATION	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	STATING TH			
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION			RATION 20. AUTOPSY7 YES NO		
AEDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from					
Z. TI	24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or equinty) (State) 7-25-52 Holy Cross Cem. Ritchie Hwy.					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR JUL 23 1959 Tuntington Williams May John S. Miller Inc-2435 E. Oliver St					
	VS 150					



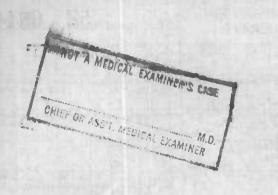
	6843				EALTH DEPARTMENT	Registered	6843	
	NAME OF D	1-1368 DECEASED			LOI BLATH	2. DATE		
			VERNON	CARTER			uly 22, 1952	
	. PLACE OF D . Baltimore (City, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	before admission	
	FULL NAME	OF ('f not in hospit	al or institution	n, give street address or location		Baltim		
	NSTITUTION	Baltimore Ci	tar Hospi		C. CITT OR TOWN (II	outside corporate limi	ts, write RURAL and giv township	
		2020201010	.03 110501	Yrs.	Dundalk D. STREET ADDRESS (If	rural, give location)	292	
	Length of s	tay in Baltimore		Mos. Days	202 Curtis			
5	. SEX	6. COLOR OR RACE	7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours	
	male	colored	Sin		6-18-51	13 mg.	onths Days Hours Min.	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF	
				IN COUNTY	Baltimore 1	^1d.	WHAT COUNTRY	
1:	3. FATHER'S N	NAME			14. MOTHER'S MAIDEN NA	AME	/	
1	Villia	m Turne			Virginia Ca	erter		
(Y	5. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		Magazar		~	Frances Carte	er- 202 Cu	urtis hane	
	18. 57/	.0		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) Due to gastro-enteritis							
		ANTECEDENT CAUS	SES					
Z	DISEASES	S OR CONDITIONS, I	F ANY, GIVING	(B)		***************************************		
5	RISE TO T	THE ABOVE CAUSE (A)	STATING THE	DUE TO				
O.A.				(C)	***************************************			
RTIFICATION	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT	NOT RELATED					
CE		F OPERATION 1	-	FINDINGS OF OPER	RATION		20. AUTOPSY?	
							YES NO X	
EDICA	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		E OF INJURY (e. g., i m,factory,street,office bldg.,		in Baltimore City,	give exact location)	
M	21D. TIME (Month) (Day) (Year)	WE	IE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	22. I certif	fu that I took char			above, held an inspect	ion & inquir	V thanaan and from	
	the evi	dence obtained by	said Autop	sy, Inspection or I		nspection or Inquiry ceased died on th	he day stated above	
	23A. SIGNAT	TURE	16m	la M	238. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATO	XAMINER	uly 22, 1952	
2	4A. BURIAL, C	REMA- 248. BATE	24			CATION (City, town		
1	Secretary (S)	1 7/24/	511	It. Alaba	en Ba	Ita Ma	,	
D	ATE RECEIVED	BY REGISTRAL	SHENATUR	Filliams, My	25. FUNERAL DIRECTOR	Laurens	ADDRESS	
	\$ 161	14 (3)	the said of		CALL TO S	1000		

56

and legibly.



MEDICAL EXAMINAL'S PASE BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF 7-22-52 TAROLD DEATH A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) A. STATE B. COUNTY HOSPITH L (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION umora D. STREET ADDRESS (If rural, give location) Yrs. Mos ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. If Under 1 Year If Under 24 Hours 9. AGE (In years) last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) ingle 6 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? unore 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 3 2445 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CHIEF OR ASST. MODICAL EXAMINER. SINCE RISE TO THE ABOVE CAUSE (A) STATING THE BiETN UNDERLYING CONDITION LAST. 70x406.5m IL. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 19_ ., that I last saw the 19, and that death occurred at 1039, m., from the causes and on the date stated above. deceased alive on 23A. SKATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA- 24B. DATE TION REMOVAL (Specify) AME OF CEMETERY OR CREMATORY 24D OCATION (City, town, or county) (State) 240 DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL VS 150



BALTIMORE CITY HEALTH DEPARTMENT

Registered No 6845 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) FREDERICK (Manack) July 23 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY A Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside curporate limit), write RURAL and give INSTITUTION township) Baltimore Johns Hopkins Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. N. Madeira Street Length of stay in Baltimore 9. AGE (in years | ff Under 1 Year | It Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) I If Under 24 Hours Marriec Male 108 KND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of warking life, even if retired) INDUSTRY WHAT COUNTRY? Caderly 13. FATHER'S NAM 15 WAS BECEASE EVER IN U.S. ARIED FORCES? (es, to or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fatty liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS

about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. ip. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED F INJURY

NOT WHILE WHILE AT AT WORK

22. I certify that I took charge of the remains described above, held an _

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes \(\mathbb{M} \), accident \(\mathbb{M} \), suicide \(\mathbb{M} \), homicide \(\mathbb{M} \), undetermined \(\mathbb{M} \). 23A. SIGNATURE

DATE RECEIVED BY

21c. WHERE DID INJURY OCCUR?

25

21F. HOW DID INJURY OCCUR?

Partial Autopsy

Autopsy, Inspection or Inquiry

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER.

MEDICAL INVESTIGATOR .. 1240 NAME OF COMETERY OR CREMATORY 24D. LOCATION (City, town, or county

JUNERAL DIRECTOR

(If in Baltimore City, give exact location)

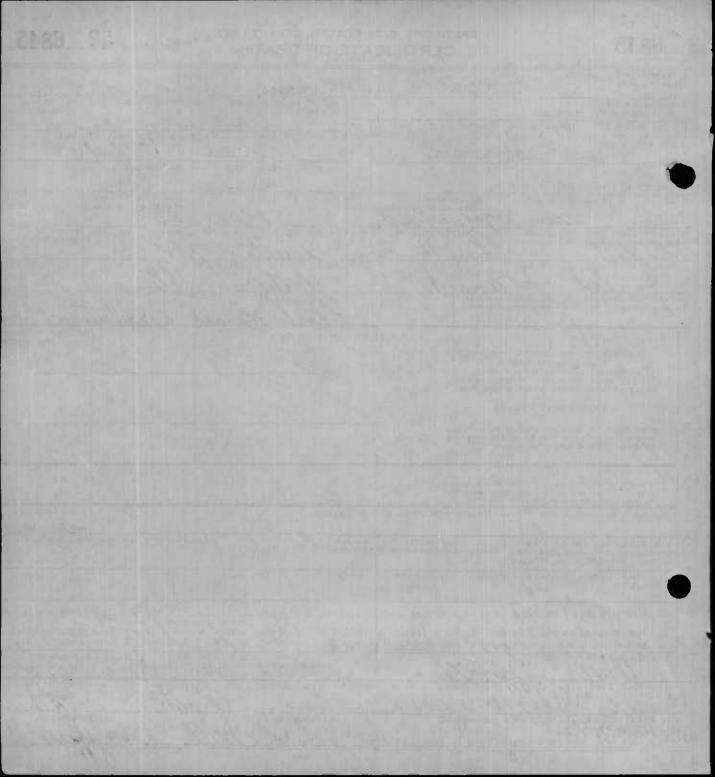
20. AUTOPSY

thereon and from

23c. DATE SIGNED

24A. BURIAL CREMA-TION REMOVAL (Specify)

ERTII



52 6846

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	6846
Registered	No_	0040

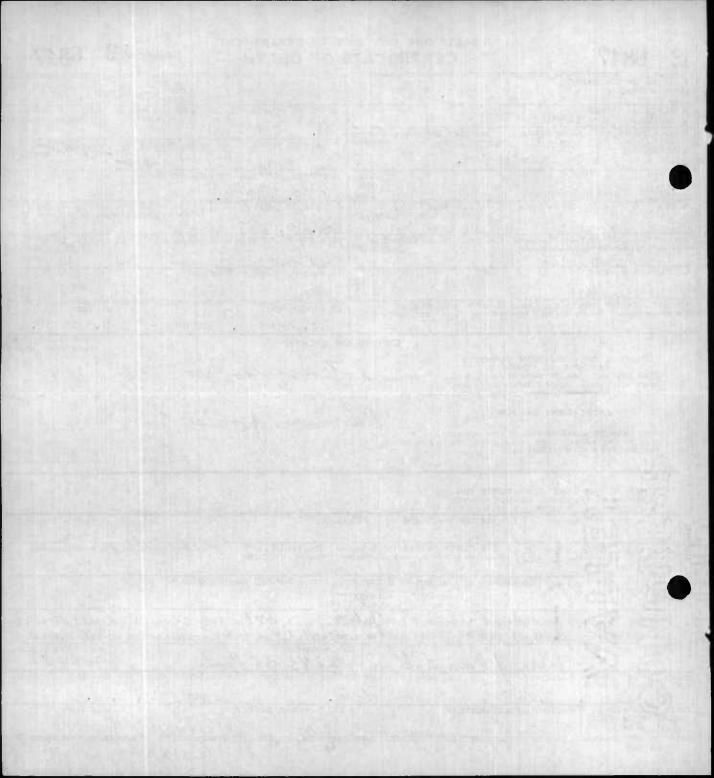
-	KILL NO.								
1. (T	NAME OF D ype or Print)	ECEASED	ELIZAE	ETH M. BOWEN		2. DATE OF DEATH Ju.	ly 21, 1952		
Α.		City, Maryland			4. USUAL RESIDENCE (V				
H	FULL NAME OSPITAL OR	OF (If not in hospit	ai or institut	ion, give street address or location)	C. CITY OR TOWN (If outside corporate timits, write Library and give				
IN	STITUTION	1205 Gelston	Drive		Baltimore	68	township)		
7				Yrs.	D. STREET ADDRESS (If	rural, give location)			
		tay in Baltimore		Mos. Days	1205 Gelston	Dr.			
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH		Il Under 1 Year Il Under 24 Hours onths; Days Hours Min.		
	female	white		owed	Mar. 18, 1882	70			
		CUPATION (Give klod of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
12	Sales]		Dept	. Store	Maryland				
13					14. MOTHER'S MAIDEN N.	AME			
15		Godmann			Emma Muir				
(Ye	, no or uoknown)	(If yes, give wer or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
-	18. , ,				Mrs. Jane Jones	- 4205 Gelsi	INTERVAL BETWEEN		
RTIFICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Carcinoma of the liver OUE TO Probably secondary to carcinoma of the OUE TO (B) OUE TO (C)								
CERT	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE DR CONDITION	NOT RELATE	.0					
ı,				FINDINGS OF OPER	ATION		20. AUTOPSY?		
CA							YES NO		
MEDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., in orm, factory, street, office bldg., e	21c. WHERE DID (I te.) INJURY OCCUR?	If in Baltimore City,	give exact location)		
	D. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?			
B			m.	WHILE AT NOT WHILE					
	22. I hereb	y certify that I att	ended the	deceased from Feb	2, 1952 to J	uly 21, ,19	52that I last saw the		
И			, 1952,		red at 11:45 m., from t	he causes and on t			
	23A. SIGNAT	Leuge AL	Lups	Ø M. D.	38. Address 3030 Edmondson A	venue	July 23, 1952		
TIC	Burial -	CREMA- 24B. DATE Specify) 7/21/52		24c. NAME OF CEMETER Loudon Park Ce	m. ,Balt	ocation (City, town	, or county) (State)		
	TE RECEIVE DCAL REGIST	D BY REGISTRAR			25 FUNERAL DIRECTOR	ener & S	ADDRESS		
	VS 150 9 4906C Balto 17 Ma.								

52 6847

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere DR 6847

131	KIN NO.							
1. (T	NAME OF D ype or Print)	ECEASED	THOMAS	C. SMITH		2. DATE OF July DEATH	22, 1952	
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If i	nstitution : residence before admission)	
HC	SPITAL OR	Colonial Nu	al or institut	ion, give street address or location)	Md.	outside cornorata limite	, write RUAAL and give	
IN	4506 Sorrento Ave.					outside corporate and is	township)	
-4		4700 001161	OU AVE	Yrs.	Baltimore p. street Address (If	16		
				Mos.	D. STREET ADDRESS (II	rural, give location)		
	Length of s	tay in Baltimore		Days	325 E. 30th St.			
5.	SEX	6. COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mon	Under 1 Year If Under 24 Hours nths Days Hours Min.	
	male	white		lowed	Oct. 12, 1867	84		
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
		ant (rtd)	(2)	INDOSTRI	New Jersey		WHAT COONTRIT	
13	. FATHER'S				14. MOTHER'S MAIDEN N.	AME		
	Phillip	Smith			Lena			
15	. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	A F	DDRESS	
(Yes	, no or uokoown)	(If yes, give war or date	s of service)	SECURITY NO.				
-	1 27 -0	1			Mrs. Helen S. L	inusay = 525		
	18. / / /	X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	E OR CONDITION			-t · D			
	(This does	LEADING TO DEAT	f dying, e. s	5., (A)	Menositero	sio	20410.	
	heart failu	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e, .) DUE TO				
-		ANTECEDENT CAUS	ES	- ('a	runomy boss	tate:	30 um	
O DISEASES OR CONDITIONS, IF ANY, GIVING								
F		HE ABOVE CAUSE (A)		IE DUE TO				
C				(C)		***************************************		
CERTIFICATION								
R		IGNIFICANT CONDI						
븽		TO THE DEATH, BUT						
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION ,		20. AUTOPSY?	
A							YES NO	
MEDICAL	21A. ACCID LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., is arm, factory, street, office bldg., e		If in Baltimore City, g	ive exact location)	
2	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?		
L.	F INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK	110 1	0 0 0	2	
				deceased from hely			that I last saw the	
			, 19 3 d,		red at 11.58 m., from t	he causes and on th		
	23A, SIGNA	Turk Ce blue	21/4	n Lill M.D. 2	2843 St Pan	1	23c. DATE SIGNED 7-22-52	
24	A. BURIAL.	CREMA- 24B. DATE	/	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)	
110	Removal (S	Tomore City N T						
DA	TE RECEIVE	D BY REGISTRAR	S SIGNATL		25 FUNERAL DIRECTOR		ADDRESS	
LC	10'L 72°3'	1952 Huntin	ston /	Villiams M.T.	Ulm J.Vi	chever 9	Hous	
	Vs 150		14 5	2 0 11-0	6 6 4 4	Rueto	md	

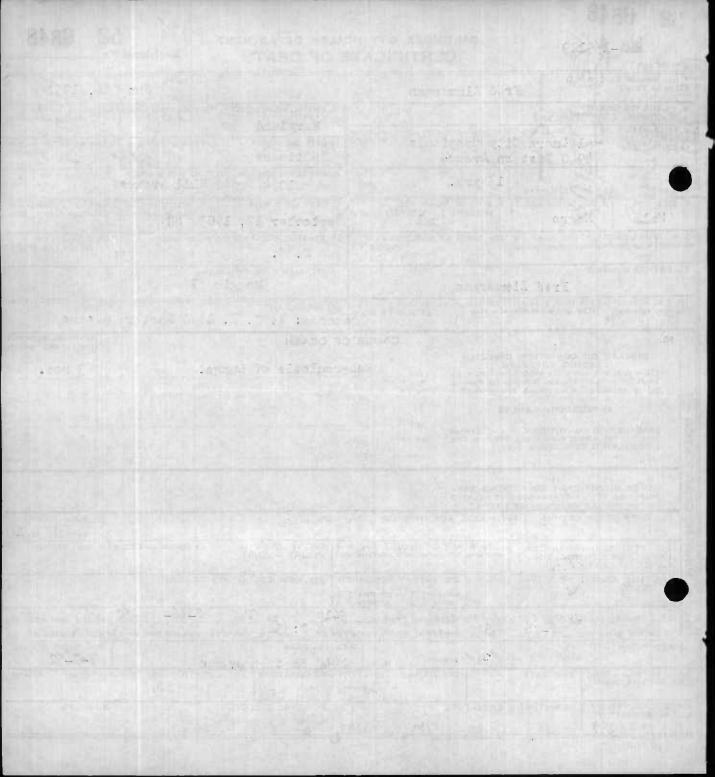


52 6848 REA-159229

BALTIMORE CITY HEALTH DEPARTMENT

52 6848
Registered No.

-	DTU NO	-,,,		CERTIFICATI	E OF DEATH	Registered N	0
	NAME OF E	DECEASED S				10 DATE	
(3	'ype or Print)	F	red Zim	merman		DEATH	26, 1952
A.		City, Maryland			4. USUAL RESIDENCE (A. STATE Maryland	Where deceased lived, If B. COUNTY	institution : residence before admission)
H	OSPITAL OR	Baltimore C		ion, give street address or		f auteida cornovata limit	s, write RURAL and give
11	ISTITUTION	4940 Easte			Baltimore	17-	O 2 township)
	Length of s	stay in Baltimore	15 yrs	Yrs. Mos. Days	D. STREET ADDRESS (III	rural, give location) Hill Avenue	
5.	Male	6.COLOR OR RACE		E, MARRIED. /ED, DIVORCED (Specify)	September 17, 19	last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.
10 wor	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
		Fred Zi		1	Maggie		/
(Ye	S. WAS DECEAS e, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. P	17. INFORMANT . H.	4940 Eastern	Avanue
	18. 002	Χ.			OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION					ONSE! AND DEATH
	(This does not mean the mode of dying, e.g., (A) Tuberculosis of Lungs. 3 mos.						3 mos.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
1	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
E.	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			
CA	ORDERE	THE CONDITION LA	J1.	(C)	······································	***************************************	
ERTIFICATION		11					
K		SIGNIFICANT CONDI					
C	TO THE D	ISEASE OR CONDITION	CAUSING I	τ			
7	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIE	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., is	or 21c. WHERE DID (If in Baltimore City, g	rive exact location)
MED		R CONTRIBUTING		arm, factory, street, office bldg., e			
7	ID. TIME	(Month) (Day) (Year)	,	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
h			m. 1	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from	5-14 19 52to	6-25-, 1952	, that I last saw the
	deceased a		, 1952 ,	and that death occur		the causes and on th	e date stated above.
	23A. SIGNA	TURE	lace	2	3B. ADDRESS		23c. DATE SIGNED
2.	AA. BURIAL.	CREMA- 24B. DATE	1	M. D. 24C. NAME OF CEMETE	1910 Eastern Aver	OCATION (City, town,	or county) (State)
	ON, REMOVAL (S			UNIVERS	ITY MEDICAL SCHOOL JUL	1 7 1952	,
	ATE RECEIVE		SSIGNATU	RE	25, FUNERAL DIRECTOR	Magith ".	ADDRESS
		952 1	马走	WHO WA ME	S CARESTONNELL (T	nethin.	
	VS 150	Habel	The state of the s	KON TOOMERS & M.	6 7 9 7 7		



REA-150928

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) John Cooney OF June 20, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 31 yrs. Length of stay in Baltimore 1700 N. Braddish Avenue Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) M Under I Year la pirthday) Months Days Hours: Min. WIDOWED, TYORCED (Specify) Male Oct. 14, 1893 10A. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Okla. WHAT COUNTRY? 13, FATHER'S NAME 14. MOTHER'S MALDEN NAME Michael Cooney (D) Mary Dowd 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records: B. C. H. 4940 Eastern Avenue SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 48 hours DISEASE OR CONDITION DIRECTLY Pneumonia LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cerebral Vascular Accident 48 hours heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO Arteriosclerotic cardiovascular disease Auricular fibrillation with acute ANTECEDENT CAUSES RTIFICATION 4 days DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS DICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 1951 to . 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ ... and that death occurred at 1:554 m., from the causes and on the date stated above. 1952 deceased alive on. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Fred White DEATH 6-27-52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Cospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Yrs. 50 yrs. Mos. B. C. H. 4940 Eastern Avenue c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under 1 Year | Il Under 24 Hours last birthday) | Months Days | Hours Min. 8. DATE OF BIRTH Negro Single Oct. 16, 1872 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? N. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Laura Snow (Show) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Records: B. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Long Time (A) Carcinoma of Stomach LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION EDICA Biopsy- metastatic Cacinoma 21B. PLACE OF INJURY (e. g., In or 21c, WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, glve exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 6-27 , 52 , that I last saw the 7-29 . 137_. to____ 22. I hereby certify that I attended the deceased from_ 19 52, and that death occurred at 11:50 m., from the causes and on the date stated above. deceased alive on. 7-8-52 23A. SIGNATURE 4940 Eastern Avenue 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRA VS 150

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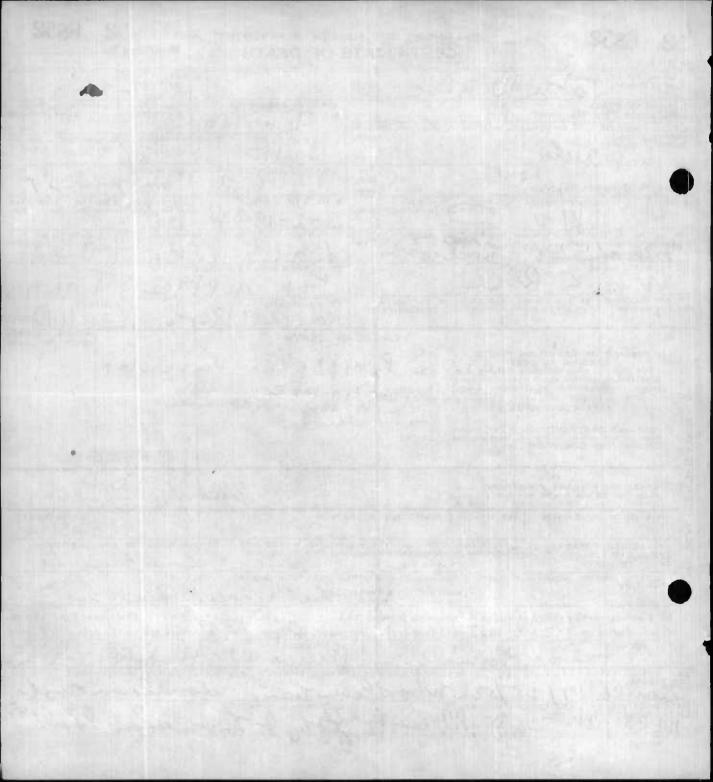
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59 6954 BALTIMORE CITY HEAL	TH DEPARTMENT 52 6851								
BIRTH NO. 52 1/2 (207) CERTIFICATE C	OF DEATH Registered No.								
1. NAME OF DECEASED (Type or Print)	2. DATE								
3. PLACE OF DEATH:	DEATH JULY 19 19 2 USUAL RESIDENCE (Where deceased lived Winstitution; residence								
B. FULL NAME OF (If not in hospital or institution, give street address or	B. COUNTY before admission								
HOSPITAL OR location C.	OITY OR TOWN (If outside corporate limits, write RURAL and give township								
THEY IN HOSPO Md Yrs. D.	STREET ADDRESS (If rural, give location)								
Length of stay in Baltimore	911 alricks Way								
5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. I									
INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY								
13 FATHER'S NAME	MOTHER'S MAIDEN NAME								
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknowo) (If yee, give war or dates of service) SECURITY NO. 17.	INFORMANT ADDRESS								
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heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Melfrusty								
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-									
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?								
	PIC. WHERE DID (If in Baltimore City, give exact location) NJURY OCCUR?								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 7-19, 1952 to 7-19, 1952 that I last									
								deghased alive on 17, 19, and that death occurred of	t 107 m.; from the causes and on the date stated above
								Know Wills In. M. D. Day	uen Hosp. of Ma Juc 7-21-52
Z4A. DORIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OF JOHN HOWINS MED	CREMATORY (4d. LOCATION City, town, or county) (State)								
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25	UNERAL DIRECTOR ADDRESS								
1111	THE TOTAL ST. AT YOUR DAY ST.								

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

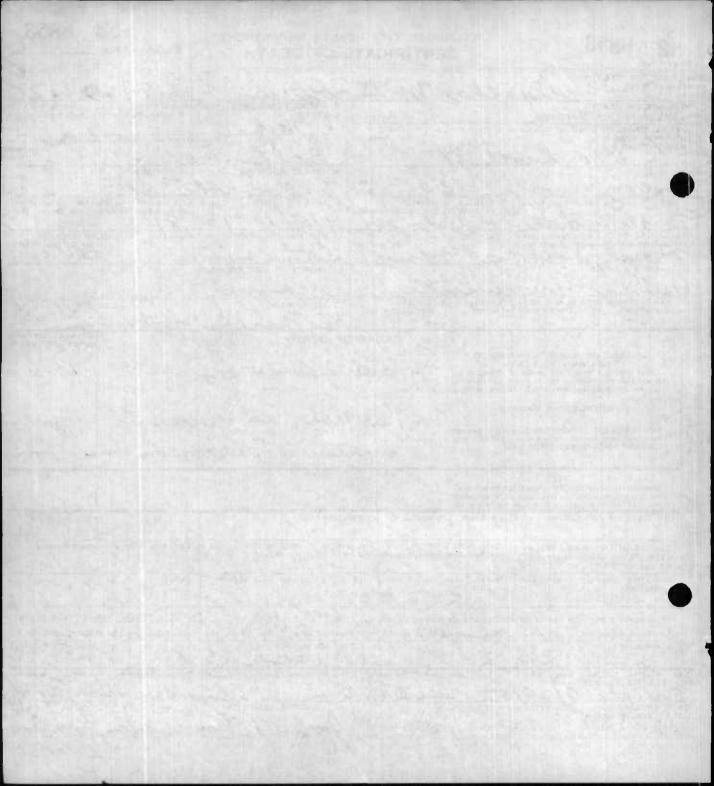
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Registered No. BIRTH NO. 1. NAME OF DECEASED, 2. DATE ohn W Rice (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) LAVIANO B. FULL NAME OF (If not in hospital or institution, give street address or HOSPUTAL OR location (If outside corporate limits, write RURAL and give C. CLTY OR TOWN township) MMM Yrs. D. STREET ADDRESS (If rural give location AMK Mos. ength of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 5. SEX AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Give kind of more done during most of white life, even if retired) (State or foreign country) 12. CITIZEN OF WHAT COUNTRY KOV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH revibheral (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED M.D. Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш 1236 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE e due to m. WORK 22. I hereby certify that I attended the deceased from 1-22 19 I that I last saw the deceased alive on 1-22- 195 2and that death occurred at 4 n., from the causes and on the date stated above. 24A. BURIAL, CREMA-248. DATE 4C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City town, or county) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



BALTIMORE CITY HEALTH DEPARTMENT

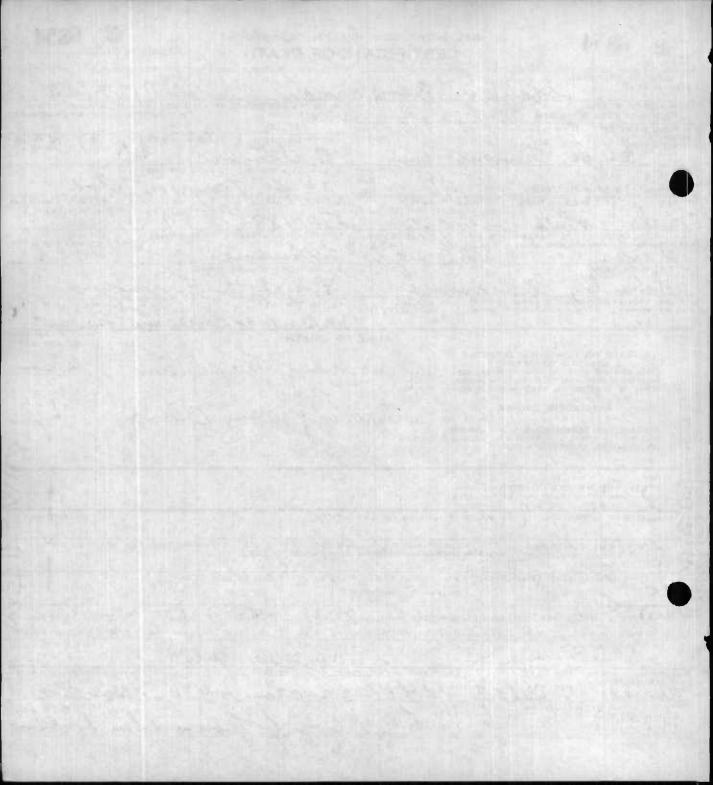
	TH NO.	CATE OF DEATH	Registered No.				
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A. E	LACE OF DEATH: Saltimore City, Marylan	4. USUAL RESIDENCE ()	Where deceased lived. If institution: residence B. COUNTY before admission)				
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IIVS	10 Scott St.	B. altim					
	ength of stay in Baltimore	Mes. Days 6/0	rural, give location)				
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work d		JSTRY THE LANGE OF THE STREET	oreign country) 12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME				
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CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	••••••					
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY7				
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2		CURRED 21F. HOW DID INJUR	Y OCCUR?				
h	22. I hereby certify that I attended the deceased from	1 ~ 111	7. 22 , 195 that I last saw the				
		occurred at 2:50/m., from	the causes and on the date stated above.				
	John P. Woch	124 Wark B	Wd 7-23 SU				
24A TION	. BUFIAL, CREMA- 24B. DATE 24C. NAME OF CE	EMETERY OR CREMATORY 24b. L	OCATION (City, town, or county)				
DA	E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDOS / J.T				
	101 23 1952 Huntington Williams, N	John 4. 6-	owan soon Hollins				
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LTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No..... BALTIMORE CITY HEALTH DEPARTMENT

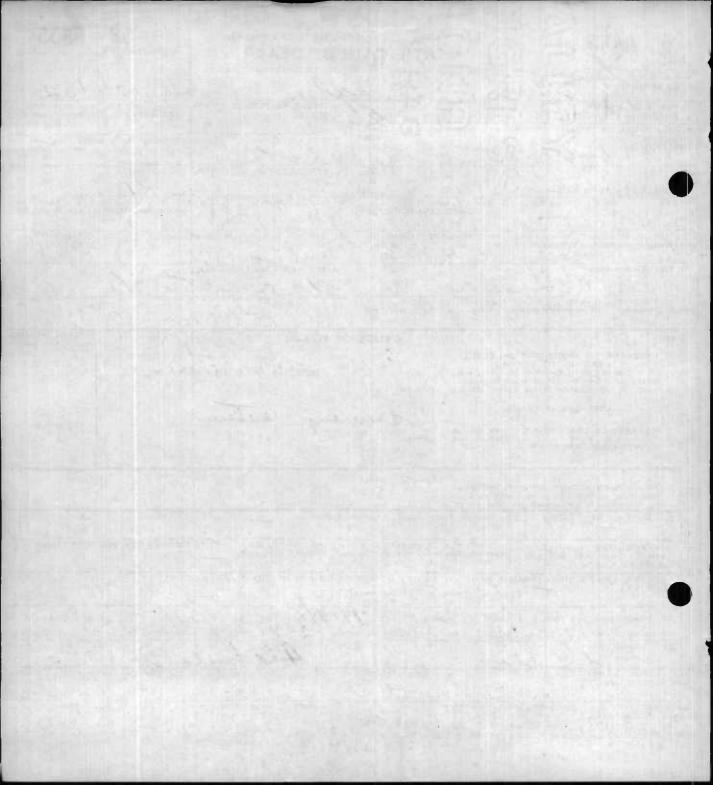
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	NAME OF DE		uley	Benes	uns	2. DATE OF DEATH 7/2	3/52
A.		ity, Maryland	1		A. STATE	CE (Where deceased lived, If B. COUNTY	institution : residence before admission)
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	3 4	180. Fr	emont		Baltin	ore 10	township)
	ength of st	ay in Baltimore		U6 Nove		(If rural, give location)	are
5.	A CONTRACTOR OF THE PARTY OF TH	6. COLOR OR RAC		MARRIED, ED, DIV RCED (Specif	8. DATE OF BIRTH	9. AGE (in years Mast birthday) Mo	Under I Year H Under 24 Hours nths Days Hours Min.
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(Yes	i, no or unknown)	O EVENIN U.S. ARM	ites of service)	SECURITY NO.	17. INFORMANT	2 Care Anna 1	press fin
	18. 42	1 1		CAUSE	OF DEATH		INTERVAL BETWEEN
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CE		TO THE DEATH, BU SEASE OR CONDITION					
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EDICAL		ENT WAS UNDER		CE OF INJURY (e. g., arm, factory, street, office bldg		(If in Baltimore City, g	rive exact location)
Σ	21D. TIME (I	Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCUR	RED 21F. HOW DID IN	JURY OCCUR?	
	FINJURY		m.	WORK NOT WHILE			
	22. I hereby	certify that I o	ttended the	deceased from	8- 27 , 19 76, t	0 7-23 ,195	that I last saw the
			, 1952	and that death occu		om the causes and on th	
	23A. SONAT	w P. Urla	h h	м. р.	238. ADDRESS 1227 Week	Blu'd.	23c. DATE SIGNED 7. 23-52
24 TIC	AA. BURIAL, C	REMA- 248. DATE	1 1 2			4D. LOCATION (City, town,	or county) (State)
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L	UL 2319	52 Hun	tington	Villiaus Mis	Jak an	Sowan VI	Holling
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

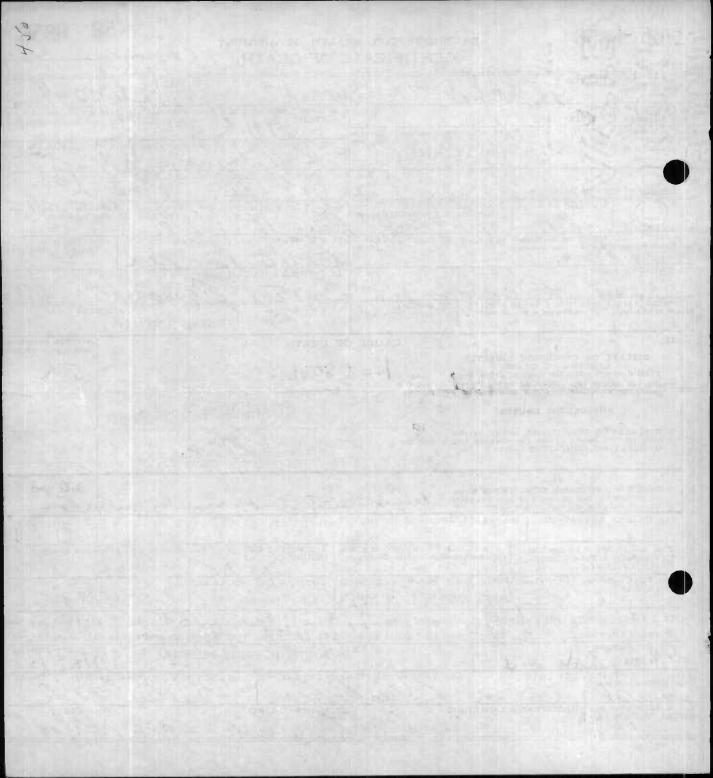
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=	NAME OF DI		ie d	1 %	d On	2. DATE OF M	127/5	
	Baltimore C		· ·	1. Duff	4. USUAL RESIDEN	CE (Where deceased lived B. COUNTY		
	FULL NAME		al or institut	ion, give street address or location)	Med.	(If outside corporate l	27-	
	NSTITUTION .	34 Ves	il.	St.	Boltin	iere -	township)	
	ength of st	tay in Baltimore	·Le	Ac Yrs. Mos. Days	2/34	(If rural, give location	4.	
-	Do SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, PED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in year last birthday)	Months Days Hours Min.	
	OA. USUAL OCC	CUPATION (Give kind of f working life, eyen if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
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	Frede	rick D	inel	ler	agnes	Stence	el	
C	5. WAS DECEASE	D EVER IN U. S. ARMEI (If you, give war or date	D FORCES? ne of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Rugala	1909ESS 4 57	
-	18. /5	4 x		CAUSE	OF DEATH	- Differ	INTERVAL BETWEEN ONSET AND DEATH	
		E OR CONDITION LEADING TO DEA not mean the mode of	TH	Gener	al corcins	motosia	120	
	heart failu	re, asthenia, etc. It mes complication which	ns the diseas	е,				
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I C	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
) Jaire				(C)	***************************************			
TOL	TRIBUTING	II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
-				FINDINGS OF OPER	RATION		20. AUTOPSY?	
100	21A. ACCID	ENT WAS UNDER-		ACE OF INJURY (e. g.,			ty, give exact location)	
N N	CAUSE OF	R CONTRIBUTING DEATH Month) (Day) (Year)		21E. INJURY OCCURR				
	FINJURY	month) (Day) (Tear)		WHILE AT NOT WHILE AT WORK		——/		
		y certify that I at	tended the	deceased from 7	/19/52,19_,	/ / /	9, that I last saw the	
	deceased al	ive on 7/2 2/1	7-19	and that death occu	rred at 3 m., f	rom the causes and o	n the date stated above. 23c. DATE SIGNED	
	24A. BURIAL. C		as	M. D.	ERY OR CREMATORY	Tullends	own, or county) (State)	
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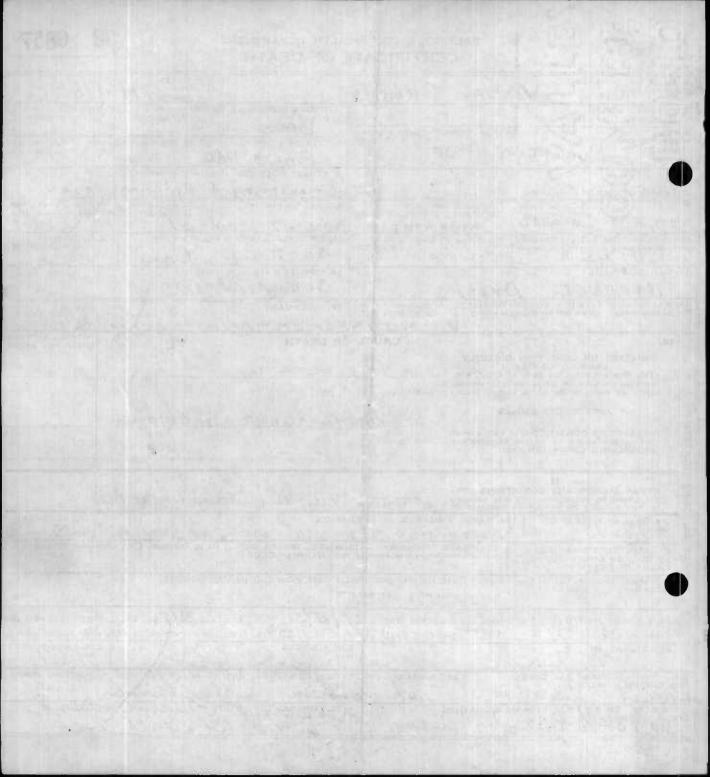
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CERTIFICAT	EALTH DEPARTMENT E OF DEATH Registered No.
BIRTH NO.	1
1. NAME OF DECEASED Rachel E. De	wast 2. DATE (July 22, 195)
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE Where deceased lived. It institution: residence a. STATE B. COUNTY before admission
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location location)	c. CITY OF TOWN. (If outside corporate Imits, white RUKAL and given the ship
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (In rural, give location)
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Repectly	8. DATE OF BIRTH 9. AGE [In years If Under I Year Hours Min.] last birthday) Months: Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of serking life, even if retired) INDUSTRY	11. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME Benson	arietta armacost
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	+ <+ 1

(This does not mean the mode of dying, e.g., (A) Har shope heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO CERTIFICATION APPROVED BY ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS LINDER LYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 19 10 2 In. from the causes and on the date stated above. deceased alive on and that death occurred at 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED HOPKINS HOSPITAL M. D. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF (City, town, or county) DATÉ RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR REGISTRAF

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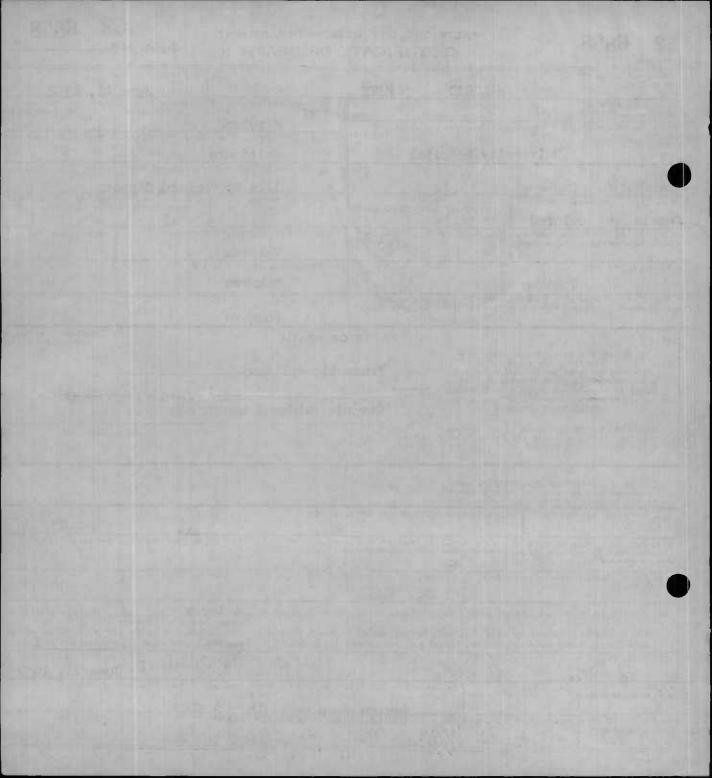
16 20 BALTIMORE CITY H	TEALTH DEPARTMENT 52 6857				
DE CERTIFICAT	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) WILLIAM BROOKS	2. DATE 0F 7/21/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location					
INSTITUTION UNIVERSITY HOSP.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Yrs.	D. STREET ADDRESS (If rurnl, give location)				
c. Length of stay in Baltimore Mos. Days					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years II Under I Year II) Under 24 Kours I birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work don during most of working life, even if retired) R.T. FAMILY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Merbert Brooks	Susan Brown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Green Spring Ave +				
	Margaret Brooks-HALCY'ON Rd. Bex 420				
DISEASE OR CONDITION DIRECTLY	OF DEATH RT. 7-30175. COINTERVAL BETWEEN				
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ELECTA31S				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES					
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	ONCHOGENIC GARCINOMA				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	11 0 111/01/1				
TO THE DISEASE OR CONDITION CAUSING IT.	MELLITUS; Cerebal Vascular Acc				
198. DATE OF OPERATION 3 198. MAJOR FINDINGS OF OPERABLE BA	AONCHOGENIC CARCINAMA YES NO				
21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	,eu.) INDURT OCCURT				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR					
m. WHILE AT NOT WHIL					
22. I hereby certify that I attended the deceased from	7/5/52, 19_, to 7/21/52, 19_, that I last saw the				
deceased alive on 7/2/, 19 52, and that death occur	urred at 1:30fm., from the causes and on the date stated above				
Conaldlerger M.D.	University Harson 17/21/52				
24A, BURIAL UCREMA- 24B, DATE 24C, NAME OF CEMET	ERY OF CREMATORY 24D, LOCATION (City, town, or county) (State)				
Bural July 24, 1952 Mr. a	LIZE STATEDAY DIDECTOR IN THE STATE SCALE				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Charles de de la Mill				
VS 150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
72	OVA				

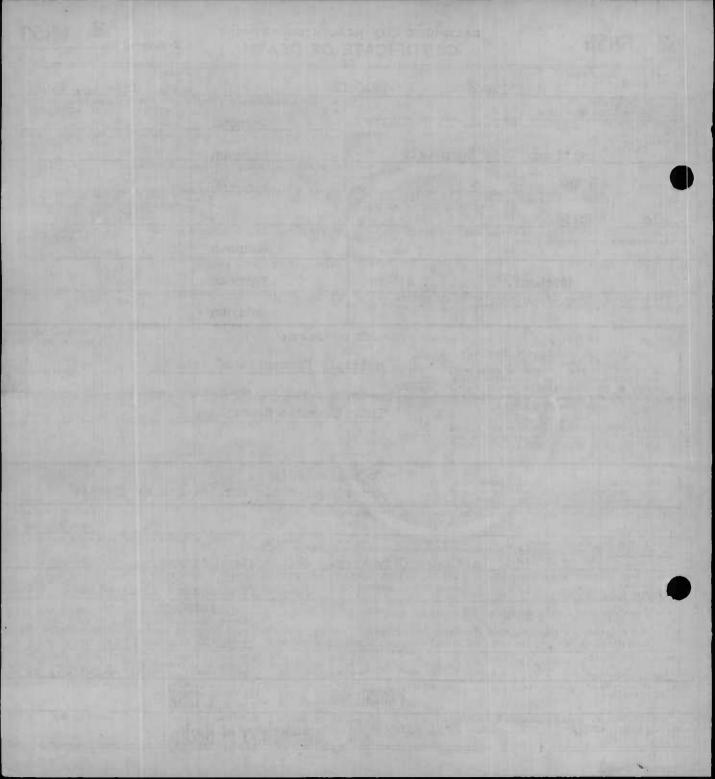


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6858

Registered No. BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) MILDRED SMITH DEATH June 24. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR location) c. CITY OR TOWN INSTITUTION University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1124 E. Lombard Street c. Length of stay in Baltimore Days 9. AGE (in years | | Under | Year | | Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH female colored 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. (Yes, no or unknown) Unknown INTERVAL BETWEEN 18.F962. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Traumatic epilepsy (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Chronic subdural hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., ia or 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. INJURY OCCUR? aboot home, farm, factory, street, office bldg., etc.) UTING E CAUSE OF DEATH. ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22. I certify that I took charge of the remains described above, held an _ autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined X]. 238. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER June 24. MEDICAL INVESTIGATOR ... 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify Will Coll ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR





4252 5860 HEA-150867

BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICATI	E OF DEATH	registereu	110.
1 (5	NAME OF D	ECEASED		John Karlso	n	2. DATE OF	ne 25, 1952
	. PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived,) B. COUNTY	If institution: residence before admission
II H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hospit Baltimore C 4940 Easter	ity Hos	ion, give street address or pitals location)		(If outside corporate lim	its, write RURAL and give township
ength of stay in Baltimore 3 yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) 339 Times Street		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White WIDGWED DIVORCED (S			E. MARRIED. VED. DIVORCED (Specify) .ng 16	oct. 21, 1894	9. AGE (ln years last birthday)	If Under 1 Year If Under 24 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State of Estonia		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME John Karlson					14. MOTHER'S MAIDEN NAME Lena. ?		
1! (Y	5. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which e ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION OF TO THE DEATH, BUT	TH f dying, e. f. ins the disease aused death ES F ANY, GIVIN STATING THE ST. TIONS CONNOT RELATE	(B)	tive Failure of	heart due to	Long time
AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY7	
MEDICAL	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE						
	22. I hereby deccased al 23A. SIGNAT			and that death occur	7-30 , 1951, to red ob: 50P m., from 3B. ADDRESS 4940 Eastern Av	the causes and on	the date stated above.
	4A. BURIAL. C ON, REMOVAL (S	REMA- 248. DATE	Q.	24c. NAME OF CEMETE		LOCATION (City, town	
	ATE RECEIVED		S SIGNATU	RE	25. FUNERAL DIRECTOR	ol Tealin	ADDRESS
	Vs 150	1 money	1 9	5 2 6	0 6 6 150		not less

Pharten cars 1001 1001 HENVILLE OF THE PARTY OF THE PA of any from in httl: walking out

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AB-11	沿沿
BIRTH NO	D82T

BALTIMORE CITY HEALTH DEPARTMENT

52 6861

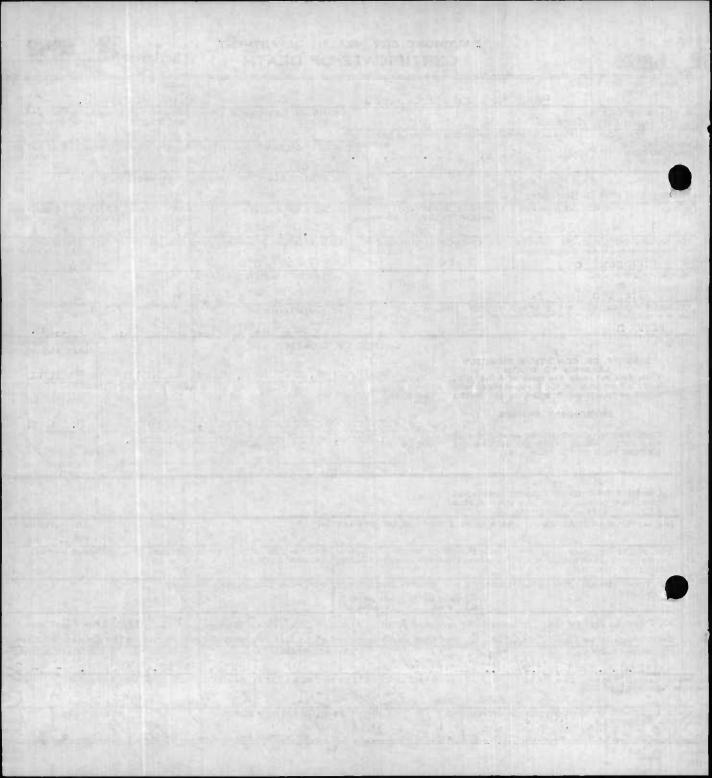
BI	RTH NO.	J		CERTIFICAT	E OF DEATH	Registe	ned No.
	NAME OF DE	CEASED	Ralpl	Loe		2. DATE OF DEATH	7-21-1952
A.	PLACE OF DE Baltimore Ci	ty, Maryland	al or inetituti	on, give street address or	4. USUAL RESIDENCE (A. STATE Maryland		
H	STITUTION	Baltimore C: 4940 Eastern	ty Hos	Inaudlam\	c. CITY OR TOWN (I Baltimore		mits, write RURAL and give township)
C.	Length of sta	y in Baltimore	20	years Yrs. Mos. Days	D. STREET ADDRESS (III	rural 6 40 °E g Hospitals	istern Ave.
5.	SEX M	W W	WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 24- 1898	9. AGE (In year last birthda)	ars II Under 1 Year If Under 24 Hours y) Months Days Hours Min.
		UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	, FATHER'S NA	Winfield()	Vinfuid)	Loe	14. MOTHER'S MAIDEN N Lydia Cunn		
15 (Ye	. WAS DECEASED	(If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMENITIMOT Records: 4940 E	e ^C ity Hos astern Ave	
	18. 331	X :		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						3hrs.
CATION	ANTECEDENT CAUSES (B)						
CERTIFICATION	TRIBUTING TO THE DIS	II GNIFICANT CONDI TO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	D			
CAL	19A. DATE OF			FINDINGS OF OPER			20. AUTOPSY?
MEDICAL		NT WAS UNDER. CONTRIBUTING		CE OF INJURY (e. g., i arm,factory,street,office bldg.,		If in Baltimore	City, give exact Iocation)
Ĺ	D. TIME (MINJURY	Ionth) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
							19.52, that I last saw the
	23A. SIGNATU		Clos		238. ADDRESS 1940 Eastern Ave.		23c. DATE SIGNED
TIC	BURIAL CE	EMA- 248. DATE ecify) 7 - 24	-52.	24c. NAME OF CEMETE	RY OR CREMATORY 24D. I	LED O	
	ATE RECEIVED CAL REGISTR		SSIGNATU	Villiams, Mar	25. FUNERAL DIRECTOR	· les 901	S. CONKLING 5
-	VS 150	1301	09 5	2010	6 9 5 0	B	ALTO, 14, MD.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

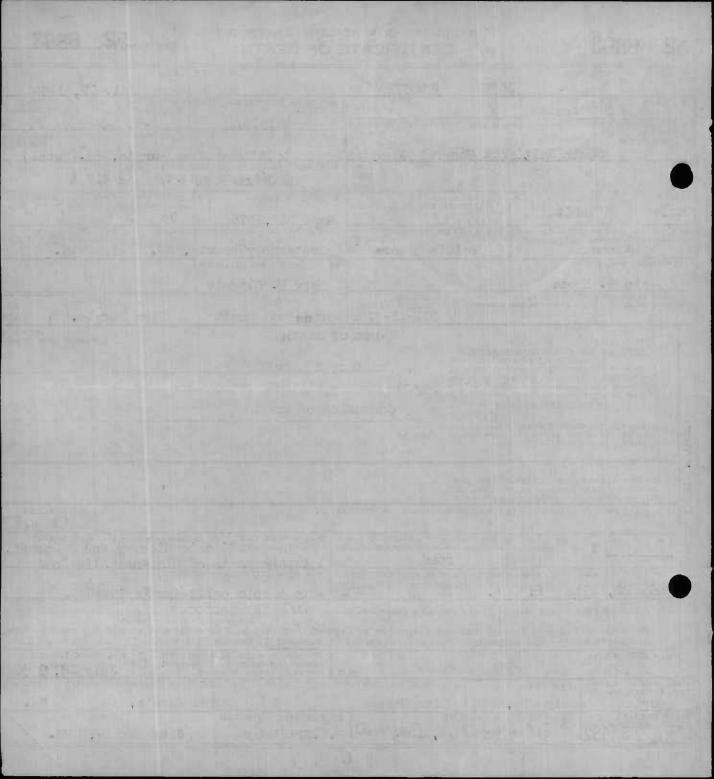
Registered No. 6862

BI	RTH NO.							
1.	NAME OF D	ECEASED				2. DATE		
Edna Hammond Cartwright					OF DEATH JU	uly 22,	1952	
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY		: residence ore admission)
-	FULL NAME		al or institut	ion, give street address or	Maryland .	anne.	Anda	1 0
HO	SPITAL OR			alto., 11, Md.		outside corporate lin	mits, write RU	
		og tug ueght	Dalle De	FICE CALL COLUMN	Severna Park			township)
				Yrs.	D. STREET ADDRESS (If r	ural, give location)		
C.	Length of s	tay in Baltimore		Mos. Days			200	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday)	It Under I Year	If Under 24 Hours
F	'emale	White		PED, DIVORCED (Specify)	Sep. 2, 1890	67	Months Days	Hours Min.
10	A. USUAL OC	CUPATION (Givekinder		OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZ	ZEN OF
worl		of working life, even if retired) ewife	II.	INDUSTRY	California		WHA	T COUNTRY?
13	FATHER'S		11.	OHEC .	14. MOTHER'S MAIDEN NA	MF	1 USA	
15		les Hammond ED EVER IN U.S. ARMED	FORCECS	I 16. SOCIAL	Virginia Dor	nonoe		
(Ye	s, no or nnknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	Unknown				Records, US PI	IS Hospital		
	18.47	1.4		CAUSE	OF DEATH			VAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY					ALL DEATH
	(This does	LEADING TO DEAT	f dying, e. g	(A) Hemorr	hage, bladder, ca	use unknown	ı Un	known
	neartianu	re, asthenia, etc. It mea complication which c	ns the diseas	e,				
		ANTECEDENT CAUS						
7		ANTECEDENT CAUS	ES	Genera	l arteriosclerosi	s, cerebra]	l Un	lknown
O	DISEASES	S OR CONDITIONS, I	ANY, GIVIN	infarc	l arteriosclerosiat, cardiac valvul	ar disease.		
	UNDERLY	HE ABOVE CAUSE (A)	STATING TH ST.	IE OUE TO				
ERTIFICA		100		(C)		***********************************		
본								
R	OTHER S	IGNIFICANT CONDI	TIONS CON	1.				
C		SEASE OR CONDITION						***************************************
L	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20.	AUTOPSY?
CA	-						YES	
ā	LYING O	R CONTRIBUTING	about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (If	in Baltimore City	y, give exact	iocation)
A	CAUSE OF							
	O. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI		OCCUR?		AND THE
m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from June 22, 1952 to July 22, 1952, that deceased alive or July 22, 1952, and that death occurred at 1:10 m., from the causes and on the date								
					52 that I	last can the		
	23A, SIGNA		1		3B. ADDRESS	te cuases and on		ATE SIGNED
	Donald	W. Pauli Calg	7 ed 101	altics M.O.	US PHS Hospital,	Balto. 1	1. Md.	7-23-52
24	AA. BURIAL. (S			24c. NAME OF CEMETE	RY OR CREMATORY 240. LC			(State)
TIC	ON REMOVAL (S	auly 25	1852	reliente not	2. Cem. Ff. 9.	Meyer V	/	,
	ATE RECEIVE		SSIGNATU		25. FUNERAL DIRECTOR	Jayar, Y	CADDRES	s I
LC	CAL REGIST	RAP 11 1:	+	NIII MA MED	129/8.11	U W	R	. 2.1
-	TILLYS	13321 Thuster	dron-1	VILLABUS-, NIZ-	11 ke Senglito	D, Allen	durma	0, Md.
	VS 150		110	Man No.	W . W// V			



BALTIMORE CITY HEALTH DEPARTMENT Registered Ro 6863 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN KNOTI DEATH July 22 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Baltimore General Hospital Backtanoone Glen Burnie. Yrs. D. STREET ADDRESS (If rural, give location) Mos Box 417 A ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. male white 76 W, COW80 20,1875 Sept 10A, USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Watchman Greible Motors Montgomery county, Md. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Knott Mary F. Clagett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 213-12-3389 Commaius No Knott Glen Burnie, Md. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fracture of skul (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Contusion of brain ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? AL 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? Ritchie Highway and M Street, about home, farm, factory, street, office hidg., etc.) road Square north of Old Annapolis Road FINJURY 1952 6:30 A. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 6:30 A. m. Auto & auto collision (driver WORK 22. I certify that I took charge of the remains described above, held an _ autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A, SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 22 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-248 DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Md. 24,1952 Glen Haven Glen Burnie. Burial July DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS ALLIA, Miss R.V.Singleton Glen Burnie, Md.

VS 151 N803.2

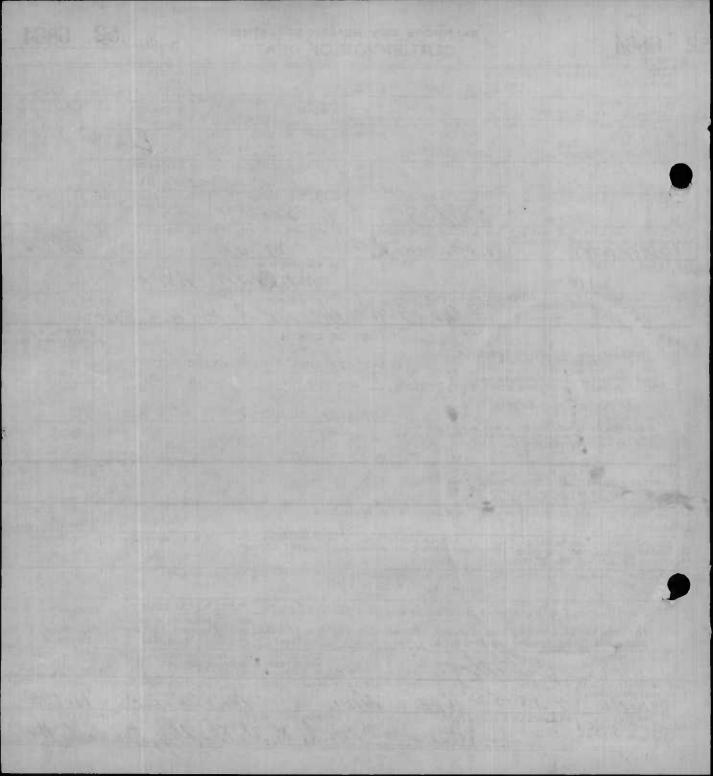


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BII	RTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6864

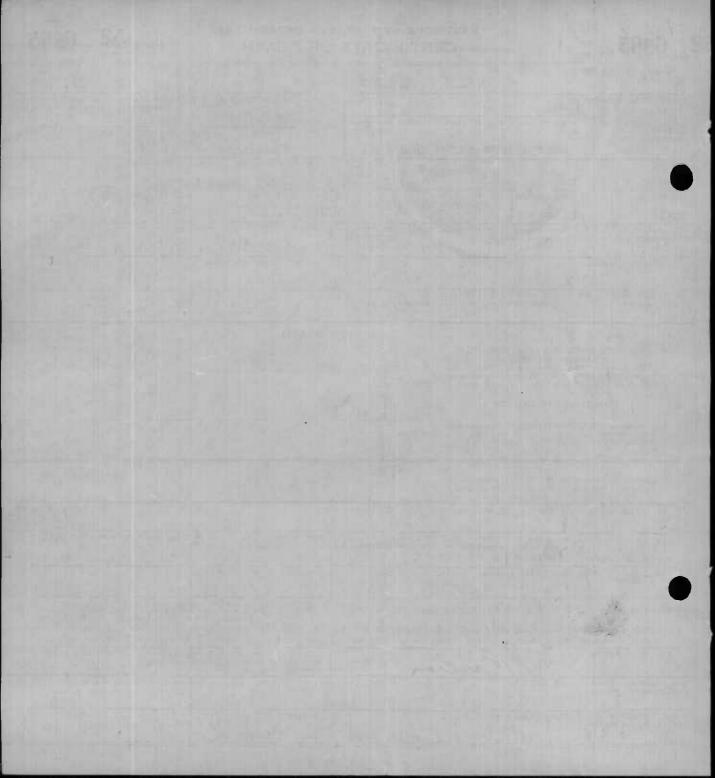
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	WILLIAM A. FULK		2. DATE OF DEATH July	22, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution : residence before admission
B. FULL NAME OF (If not in ho	spital or institution, give street address of	Maryland		~
HOSPITAL OR INSTITUTION	location	C. CITT OR TOWN	outside corporate Vinitary	RUKAL and give township
Johns Hopk	cins Hospital Yrs.	Baltimor D. STREET ADDRESS (If		<i>f</i> .
Length of stay in Baltimor	Mos.	6/2 C M	ewkirk Street	
5. SEX 6. COLOR OR RA	CE 7. SINGLE, MARRIED.	8. DATE OF BIRTH		es 1 Year If Under 24 Hours
Male White	MABNIED (Specify	11-22-1880	71	is Days Hours Min
10a. USUAL OCCUPATION (Give kir work dependencing most of working life, even if reti		11. BIRTHPLACE (State or for	oreign country) 12	WHAT COUNTRY
13. FATHER'S NAME	7,007	14. MOTHER'S MAIDEN NA	AME	
Wm.		MARTHA	BYERS	
15. WAS DECEASED EVER IN U. S. AR (Yes, no or unknown) (If yes, give war or		17. INFORMANT HATTIER. H		RESS
18.470.1	CAUSE	OF DEATH	0-1/2 077	INTERVAL BETWEE
DISEASE OR CONDITION	200	OI BEATTI		DNSET AND DEAT
(This does not mean the mo	DEATH Arteri	osclerotic cardiov	ascular diseas	€
heart failure, asthenia, etc. It injury or complication which	means the disease,			
ANTECEDENT C	AUSES			
Z DISEASES OR CONDITION	(B)	nary occlusion	***************************************	
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION UNDERLYING CONDITION	(A) STATING THE DUE TO	STATE OF THE PARTY		I PITE STORY
N N N N N N N N N N N N N N N N N N N	(C)			
OTHER SIGNIFICANT CO	NOITIONS CON.			
TRIBUTING TO THE OEATH, E	BUT NOT RELATED			
U 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
4				YES ND L
U 21A. EXTERNAL CAUSE WAS			If in Baltimore City, give	e exact location)
UTING CAUSE OF DEA	тн.			
21D. TIME (Month) (Day) (YDF INJURY	ear) (Hour) 21E. INJURY OCCUR	and the second s	Y OCCUR?	
	m. WORK AT WORK	Donti	el Autopsy	47
	charge of the remains described	Autopsy.	Inspection or Inquiry	thereon and from
the evidence obtained	by said Autopsy, Inspection or ion resulted from: natural caus	Inquiry, find that said dees K accident \(\sigma \), suicide	eceased died on the □. homicide □. und	day stated above $ctermined \square$.
23A. SIGNATURE	/ notice from natural cases	238. CHIEF MEDICAL	EXAMINER 23c.	DATE SIGNED
1/10lian 1/x		M.D. MEDICAL INVESTIGAT	OR	lv 23, 1952
24A. BURYAL, CREMA- 24B BAT TION-REMOVAL (Specify)	24C. NAME OF CEMET	ERY DR CREMATORY 240. L	OCATION (City, town, or	county) (State,
DUKIHL 7-2.	OREEN AI	LL YMHA	VIINS BUKG,	DDRESS
LOCAL RECEIVED BY REGISTR	ington Withaus My	25. FUNERAL DIRECTOR	adley Dunce	John Hus
V S 151	510	87	//	V



BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 6865

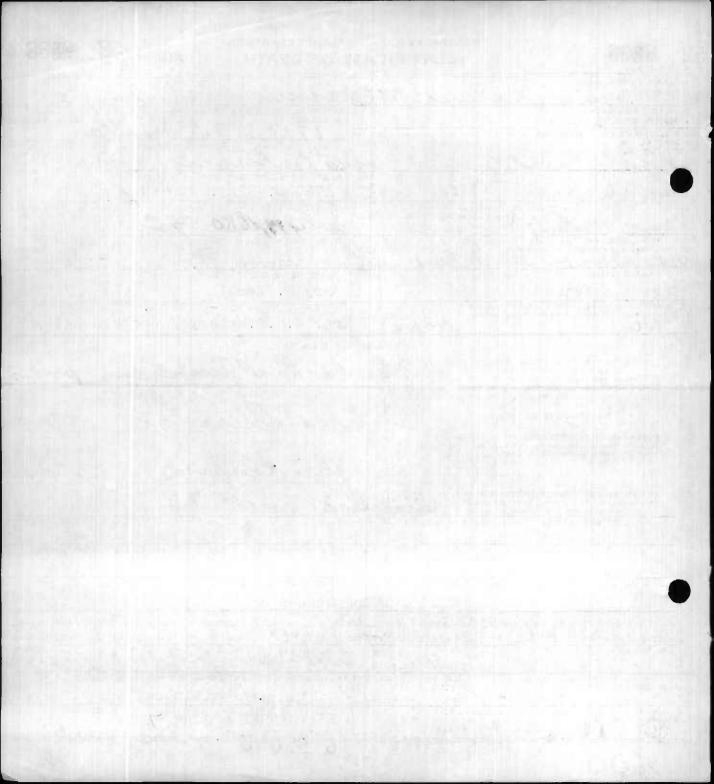
BIRTH No.	CERTIFICAT	E OF DEATH	Registereu 4	
1. NAME OF DECEASED (Type or Print)	RUSSELL DALTON		2. DATE OF DEATH JU	ily 21, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
HOSPITAL OR INSTITUTION	al or institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give township
Marylan	nd General Hospital Yrs.	Baltimore D. STREET ADDRESS (If r	ural giv location)	-
ength of stay in Baltimore	Mos. Days	2025 Eutaw		
male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH J110 77, 1907		f Under 1 Year H Under 24 Hours onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, eveo if retired)		11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Wiley Dulton		Ida Frown		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Dawalt Funeral Wa		DDRESS Tudia
heart failure, asthenia, etc. It mea injury or complication which complication which complication which complication which complication which complication with complication complication and complication with complication which compli	caused death.) DUE TO SES (B) F ANY, GIVING STATING THE DUE TO AST. (C) ITIONS CON-			
TO THE DISEASE OR CONDITION		PATION		20, AUTOPSY?
I TO ALL DITTO OF CITATION OF	SB. MAJOR PHADINGS OF OLL	KATION		YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.,		in Baltimore City, p	
Zid. Time (Month) (Day) (Year) FINJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
22. I certify that I took char the evidence obtained by and death in my opinion	ge of the remains described of said Autopsy, Inspection or resulted from: natural cause	Autopsy, I Inquiry, find that said de	nspection or Inquiry ceased died on th	_ thereon and from ne day stated above indetermined [].
23A. SIGNATURE	Keel.	238 CHIEF MEDICAL E ASSISTANT MEDICAL E 1.D. MEDICAL INVESTIGATO	XAMINER 23	c. date signed
24A. BURIAL. CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE 2 Salom,	RY OR CREMATORY 24b. LC	CATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR'S Huntin	s SIGNATURE	125. FUNERAL DIRECTOR	. 21217 St.	ADDRESS
V S 151	7846	19		



BALTIMORE CITY HEALTH DEPARTMENT

egistered 52 6856

BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered	110
_	NAME OF DECEA	ASED			4	2. DATE	
(T	ype or Print)	in &	ests.	udo Men	PMA	OF DEATH	ela 91
3.	PLACE OF DEATH	1:	0000	110	4. USUAL RESIDENCE (W		institution; residence
A.	Baltimore City,	Maryland			A. STATE	OR B. COUNTY	before admission)
	FULL NAME OF	(If not in hospi	tal or instituti	on, give street address or location		7, 13 sec	10,
	ISTITUTION	0	06	/ocations	C. CITY OR TOWN	outside corporate limi	ts, write I ORAL and give
	mare	sland	Leve	eul Husp	du Ballin	ral o	250
				X/s.	D. STREET ADDRESS (If	rural, give location)	4-00
C.	Length of stay i	n Baltimore	Li	fe Mos.	1720 E. 32nd.	. Street	
5.	SEX 6.C	OLOR 9 RACE		, MARRIED,	B DATE OF BIRTH	9. AGE (In years	H Under 1 Year H Under 24 Hours
1	emel.	may to	WIDOW	ED, DIVORCED (Specify)	hales 19 1880	last birthday) M	onths Days Hours Min.
10	A. USUAL OCCUP	ATION (Give kindo	I TOB. KAND	OF AUSINESS OR	A1. BIRTHPLACE (State or fo	preign country	12. CITIZEN OF
WOL	done during most of work	ing life even if retired	0 4	INDUSTR	*		WHAT COUNTRY?
1	WWW.	solide	1 470	wanie		Md.	USA
	FATHER'S NAME	la l	de		14. MOTHER'S MAIDEN NA		
	Thomas Mc.	Kenna			Mary E. Kerwin		
15	. WAS DECEASED EV	ER IN U.S. ARME f yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT3436 -	-80 thst.	DDRESS
(10	s, no or unknown) (If	yes, give war or date	es or service)	NONE	Mrs. J.W.A.McNa		son Hgts. NY
-	=00		01		1	- 0 /	
	18. 293)	cana.	260X	CAUSE	OF DEATH		ONSET AND DEATH
		R CONDITION		ani.	0 0.00	/ .	. 4000-
	(This does not	Mean the mode	of dying, e. g		caraca ya	rafile	y 4 y tus
		sthenia, etc. It me plication which					
				65 -		_	
-	ANT	ECEDENT CAU	SES	(int	eris seler	omno	5 ms
0	DISEASES OR	CONDITIONS.	IF ANY, GIVIN	(B)	0000-000		
E		BOVE CAUSE (A		E DUE TO	2		
C	ONDERLING	CONDITION	AST.	n.	ghts desi		. =
FIC				1C) / 121	gus arse	are	3 90
RT	OTHER SIGN	II IFICANT CONE	DITIONS CON	0 1/	2		
E	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	D 1/2 1/10/1	is anelle	lis	
0	19A. DATE OF OF	SE OR CONDITIO		FINDINGS OF OPE	RATION		20. AUTOPSY?
AL	101. 57.12 0. 0.	0					YES NO E
U	21A. ACCIDENT.	SUICIDE	1 218 PLA	CE OF INJURY (e. g.,	in or 21c. WHERE DID ()	f in Baltimore City,	
ā		pecify)		arm, factory, street, office bldg.,		,	B-10 0-1-10 10-10-10-10
ME	-						
	F INJURY	th) (Day) (Year	(Hour)	21E. INJURY OCCURE	ED 21F. HOW DID INJURY	OCCUR?	
L			m.	WORK NOT WHILE			
	22 I banaka aa	.426 47 7		1	ilis 1957, to h	ele 21 105	that I last saw the
				deceased from	7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10		
	deceased aline		, 193 0.	and that death ofcu	23B. ADDRESS	ne causes and on t	the date stated above.
	23A. SIGNATURE	Q1. (1	/	and Addison	OSE Was	willy.	1 7/12-17
_	4A. BURIAL, CREM	A-1 24B. DATE	nn	24C. NAME OF CEMETE	DY OF CREMATORY 2464	OCATION (City, town	n, or county) (State)
TI	ON, REMOVAL (Specif	y) 248. DATE		24C. NAME OF CEMETE			
b	urial	7/24/	52 N	ew Cathedra	1 Cemetery (Ba	ltimore, 1	
D	ATE RECEIVED BY	REGISTRAR	'S SIGNATU	RE	125 FUNERAL DYRECTOR HENRY SANDER &	CONC / TNO	ADDRESS
-	1111 2 4 195	2 11- 1:	+ 1	1/11.	DATED TO TO	SONS, INC.	Ann. lo.
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	VS 150		0 %	* * * *	287	0	
				000	0 /		



1/22				4	
52 6867 BIRTH NO.			EALTH DEPARTME E OF DEATH	NT Registere	52 6867
1. NAME OF DECEASE (Type or Print)	soeph 4	Ircs.nk	(2. DATE OF DEATH	1422/53
A. Baltimore City M	aryland 424	Washington	STATE	E Where deceased lived	d. If institution: residence
B. FULL NAME OF () HOSPITAL OR INSTITUTION	If not in ospital or institution	location)	C. OUT OR TOWN		limits, write RURAL and give township)
Length of stay in	BaltimoreLile	Yrs. Mos.	B. STREET ADDRESS	h- // ·	L X /
	OF PACE VEINGLE.	D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in ydar)	s If Under 1 Year If Under 24 Hours Min.
TOWNSUAL OCCUPATION WORKING IN OR OR	ife, even if retired)	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State	and the latest transfer	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	4		14 MOTHER'S MAIDE		
(Yes, no or ookoowo) (If yes	IN U. S. ARMED FORCES? , give war or data of service)	16. SOCIAL SECURITY NO.	77. INFORMANT	Of	ADDRESS
18. 260 X	1	CAUSE	OF DEATH	Alrea	INTERVAL BETWEEN ONSET AND DEATH
(This does not mes	CONDITION DIRECTLY NG TO DEATH an the mode of dying, e. g., nia, etc. It means the disease,	my	ecordial	bisufficile	ing I day,
injury or complica	ation which caused death.)	DUE TO	n m	e.t.	. /
RISE TO THE ABOV	NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE	(B) DUE TO	ins //age	1. H	- Jrs.
UNDERLYING CO	DNDITION LAST.	chres	wylerosi	o-acarel	es loyes.
TRIBUTING TO THE	II ANT CONDITIONS CON- DEATH, BUT NOT RELATED OR CONDITION CAUSING IT.	11 -1/2/10	Gargelie	both lea	s- En sulution
19A. DATE OF OPER	ATION 198. MAJOR	FINDINGS OF OPER	TION	. 0	YES NO
21A. ACCIDENT WA		CE OF INJURY (e. g., ir rm,factory,street,office bldg.,e		(If in Baltimore Cit	ty, give exact location)
1D. TIME (Month)	WI	TE. INJURY OCCURRE	21F. HOW DID INJ	JURY OCCUR?	
22. I hercby certif	y than I attended the d	AT HOUR	7 194819 , to	July ,1	957, that I last saw the
234. SIGNATURE	1. Starten	ing death octar	red atm., fro	time causes and or	n the date stated above. 23c. DATE SIGNED 7-23-5
24A BURIAL, CREMA-	A4B. DATE	4c. NAME OF CEMETE	Y) OR CREMATORY 24	2	own, or county) (State)
DATE RECEIVED BY	REGISTRAL'S SHENATUR	Filliams, Mit	25 JUNERAL DIRECT	Allemar	ADDRESS
VS 150	7 5	29061	19308	afterto a	in.

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SEE DOCUMENT FILE FOR QUERY REPLY 160881 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No I. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Johnson- Elsie OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimore, City H spitalmcation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ageon Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1532 N. Payson St. 40 Min. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) July 8, 1952 Female Negro 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Elsie Branch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. 18. INTERVAL BETWEEN CAUSE OF DEATH 1.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Exsanguination (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

218. PLACE OF INJURY (e.g., io or about home, farm, factory, atreet, office bldg., etc.)

INJURY OCCUR?

YES A (If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

2 IE. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

F INJURY m.

NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from July 8 deceased alive of uly 8, 1953

WORK AT WORK

1952, to July 8 . 19 52 that I last saw the and that death occurred at 10.30MM from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

238, ADDRESS 4940 Eastern Ave.

21c. WHERE DID

24D. LOCATION (City, town, or county)

20. AUTOPSY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Gremated

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24B. DATE

B. C. H. rematory

Baltimore , Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE ..

25. FUNERAL DIRECTOR

ADDRESS

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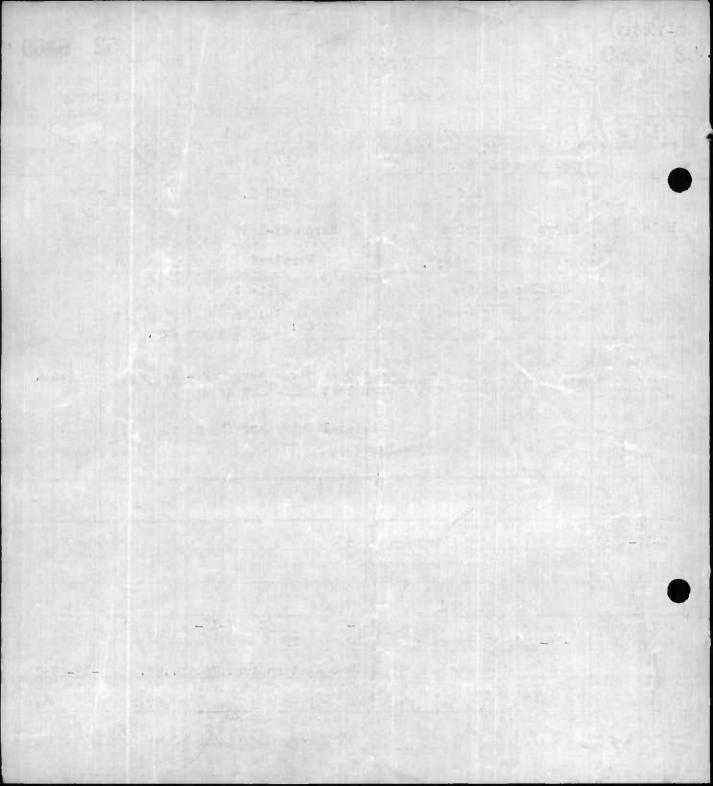
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BALTIMORE CITY HEALTH DEPARTMENT

52 6869

B	IRTH NO.	03		CERTIF	ICAT	E OF DEATH	Registered	No.
	NAME OF E	DECEASED	harlie .	Jenkins	JR.		2. DATE OF DEATH 7	-16-1952
	Baltimore	City, Maryland				4. USUAL RESIDENCE (V		If institution: residence
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit Baltimore 4940 East	City H	ospitals	address or location)	Maryland c. CITY OR TOWN (If Baltimore		nits, Write RURAL and give township
C.	Length of s	stay in Baltimore	Life	e	Yrs. Mos. Days	D. STREET ADDRESS (If 252 N. Ex	rural, give location) eter St. zo	ne 2
5	Nalo	6. COLOR OR RACE	7. SINGLE. WIDOWE Marri	D. DIVORCE	D (Specify)	8. DATE OF BIRTH March 21-1899	9. AGE (In years last birthday)	Months Days Hours Min.
wor	k done during most	CCUPATION (Give kind of of working life, even if retired)		of BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S		Jenkins	3		14. MOTHER'S MAIDEN NA Marlie ?	AME	
15 (Ye	6. WAS DECEAS	ED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURIT	TY NO.	17. INFORMABELLIMOT Records: Holo Ess	e City Hosp tern Ave.	h tgig s
	18. 527	. /		C	AUSE	OF DEATH	voin Ave.	INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA's s not mean the mode of tre, asthenia, etc. It mea complication which of	TH of dying, e.g., ns the disease,			Operative Hemorrh Left Pulmonary Ar		5min.
ERTIFICATION	ANTECEDENT CAUSES							?
CERTIF	TRIBUTING	II SIGNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATED					
1	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS C				20. AUTOPSY?
EDICAL		DENT WAS UNDER	218. PLAC	Pulmonar DE OF INJUR m, factory, street,	Y (e. g., in	n or 21c. WHERE DID (I	If in Baltimore City	, give exact location)
Σ		(Month) (Day) (Year)	WI	1E. INJURY O	OCCURRI	ED 21F. HOW DID INJURY	Y OCCUR?	
	22. I hereb	y eertify that I att				- 1\$2 to 7-	16 15	2_, that I last saw the
	deceased a	live on 7-16-	_, 1 52 , a	nd that dea	th occur	red at 22 m., from ti	hc causes and on	the date stated above.
	23A. SIGNA	TURE S.	Close		M. D. 14	940 Eastern Ave.,		7-23-1952
	AA. BURIAL. ON, REMOVAL (S	Specify) 7 _ 9 4	-52 2	4c. NAME OF	CEMETE		CATION (City, tow	the state of the s
	ATE RECEIVE	D BY REGISTRAR'	SSIGNATUR	RE	F. 1	25. FUNERAL DIRECTOR	AK KSON	PENNA AVE
-	VS 150	1332 1100	7 14	thick the	May.	STEET TO TO TO	15. 2011	LI-ion. J. Co

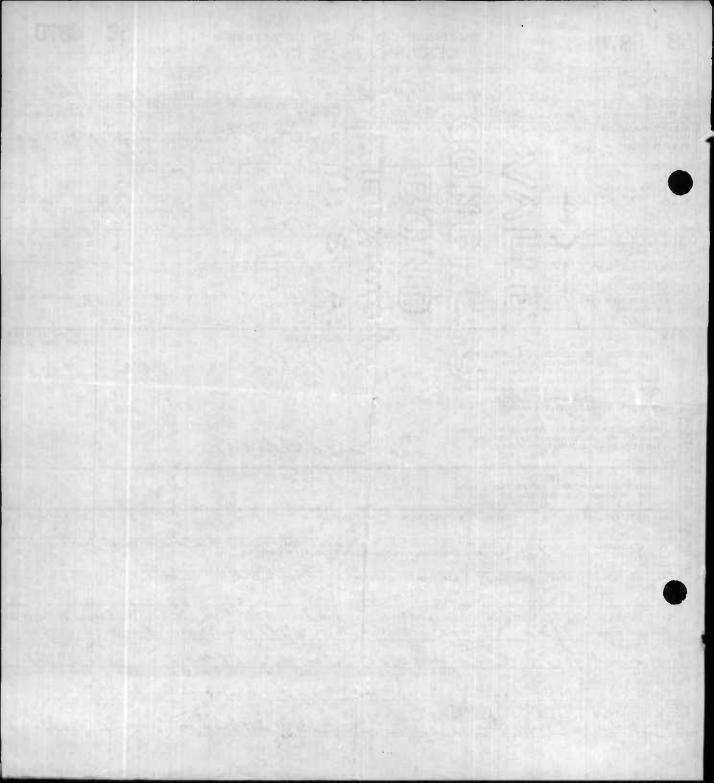


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BALTIMORE CITY HEALTH DEPARTMENT

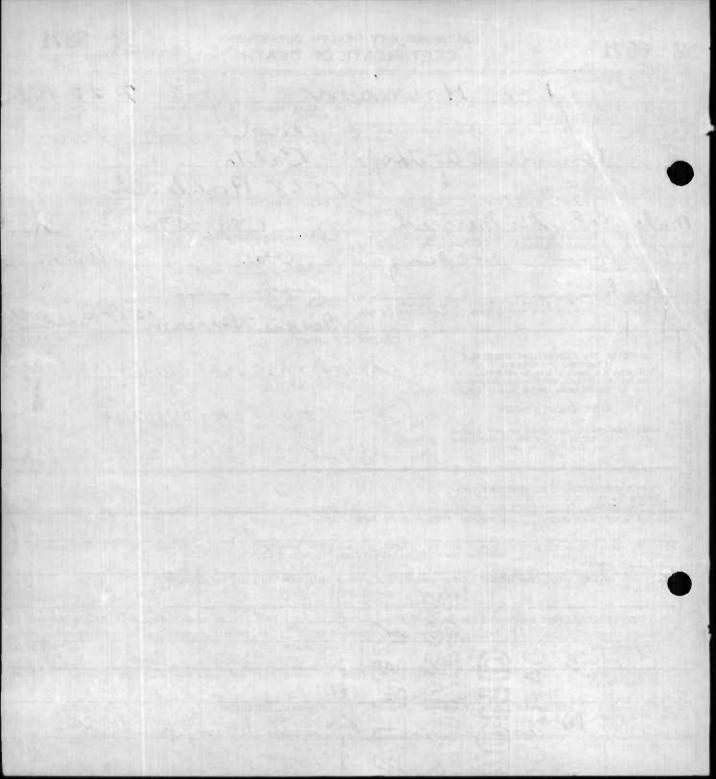
Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) SOPHIA SHUGER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location' INSTITUTION SIMA C. CITY OR TOWN (If outside corporate limits, write HURAL and give HOSPITAL Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos Linden Ave & Brooks Lane Lake Court Apts ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years | f Under | Year | f Under 24 flours | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) Widow 1879 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Roumania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hyman "olf saac Krestuler Mollie 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Julius Shuger 3605 Menlo Drive INTERVAL BETWEEN 18. IL50.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY monary eden LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (c) Or fer o sclero si UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION DICAL YES 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AT WORK 193210 22 . 19 52 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 7/22 1952 and that death occurred at 6.30 m., from the causes and on the date stated above, 23A. SEGNATURE 23B, ADDRESS 23c. DATE SIGNED 7/23/52 MUMILIAM, D. 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) July 24, 1952 Aitz Chaim Cemetery Washington Blvd Balto Md Burial ADDRESS 112 L 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



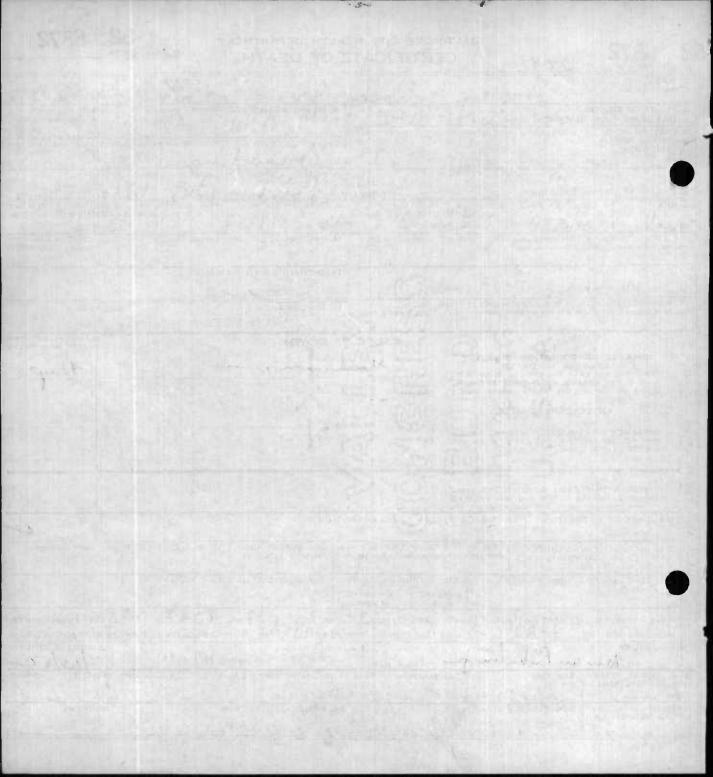
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6871

BI	RTH NO.				02
	NAME OF DECEASED Lype or Print)	e Harris	one	2. DATE OF DEATH 7.	22 130
Α.	Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If ins	titution: residence before dmission)
H	FULL NAME OF (If not in hospit DSPITAL OR STITUTION	tal or institution, give street address or location)	c. CITY OR TOWN	(If outside corporate limits,	vri RURAL and give township)
	unur	rse to Hosp	D. STREET ADDRESS	(If rural, give location)	township)
	Length of stay in Baltimore SEX 6. COLOR OR RACE	Mos. Days	1568 R	chland	
7	hale Colned	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der 1 Year It Under 24 Hours hs Days Hours Min.
	A. USUAL OCCUPATION (Give kind of k dopeduling most of working life, even if retired)		11. BIRTHPLACE (State	or foreign count()	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Holbing	14. MOTHER'S MAIDEN	NAME .	4.5.A.
10	. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL	Unha		
	(If yes, give war or date		17. INFORMANT	15-68	Richla &
	18. 443 X 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of	TH of dying, e. g., (A) CAR	DIO VASCU	LAR DISEASE	4 YRS
	heart failure, asthenia, etc. It mes injury or complication which of	caused death.) DUE TO			
Z	ANTECEDENT CAUS	(B) BR	OKEN CO	MPENSATION	6 WOJ
ATIO	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	YPER TO	5 NS 10 N	* YRS
IFIC		(c)			
ERT	OTHER SIGNIFICANT CONDITRIBUTING TO THE DESEASE OR CONDITION	NOT RELATED			
IL O		98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		(If in Baltimore City, give	e exact location)
ME	CAUSE OF DEATH ID. TIME (Month) (Day) (Year)			URY OCCUR?	
-	F INJURY	na. WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I att	tended the deceased from FE, 1952, and that death occur	10 10 19× to	m the causes and on the	that I last saw the
	23A. SIGNATURE		23B. ADDRESS		23c. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE DN. REMOVAL (Specify)	24c. MAME OF CEMETE	1 0 0	D. LOCATION (City, town, or	county) (State)
-6	Burnel July	SSIGNATURE BALLY M	25. FUNERAL DIRECTO	Back	DDRESS
L	OCAL REGISTRAR Huntin	ston Williams All	Jarrel &	Harris 6382	1. Telun
	VS 150	68-	191		



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2 6872	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	S2 Registered N	
1. NAME OF DECEASED (Type or Print)	n Johnson	Dr.	2. DATE OF DEATH	A22.195
3. PLACE OF DEATH: A. Baltimore City, Maryland A. B. FULL NAME OF (If not in hospital or in.	At,-00 PI	4. US VAL RESIDENCE (VA. STATE	Where deceased lived. If i	nstitution: residence before admission
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (II	outside corporate limits	, write RURAL and giv township
c. Length of stay in Baltimore	Yrs. Mos. Days		rural, give location)	L
5. SEX 6. COLOR OR RACE 7. SI		8. DATE OF BIRTH		Under I Year If Under 24 Hours https://doi.org/10.1001
Ida. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	huson	14. MOTHER'S MAIDEN N	AME 0	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or nnknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOP	KINS HOSPITAL	DDRESS
LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the cinjury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RESIGNIFICANT CONDITIONS	death.) DUE TO (B)			Alap.
TO THE DISEASE OR CONDITION CAUSI		RATION		20. AUTOPSY?
LYING OR CONTRIBUTING about 1	. PLACE OF INJURY (e. g., in bome, farm, factory, street, office bldg., e		if in Baltimore City, gi	yes Notice exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI		Y OCCUR?	
22. I hereby certify that I attended deceased alive on 7.22, 19			7-22, 1952 he causes and on th	
23A. SIGNATURE Leman Pull 24A. BURIAL, CREMA- 24B. DATE	M. D.	JOHNS HOPKINS RY OR CREMATORY 240. L		23c. DATE SIGNED 1/23/\2 or county) (State)
TION REMOVAL (Specify) Party JS-1 DATE RECEIVED BY VREGISTRAR'S SIGN	52 magni	try am,	a. a.	or mel
LOCAL REGISTRAR Tuntington	NATURE MILIAMS MI	25. FUNERAL DIRECTOR	ayus 638	M- Polician
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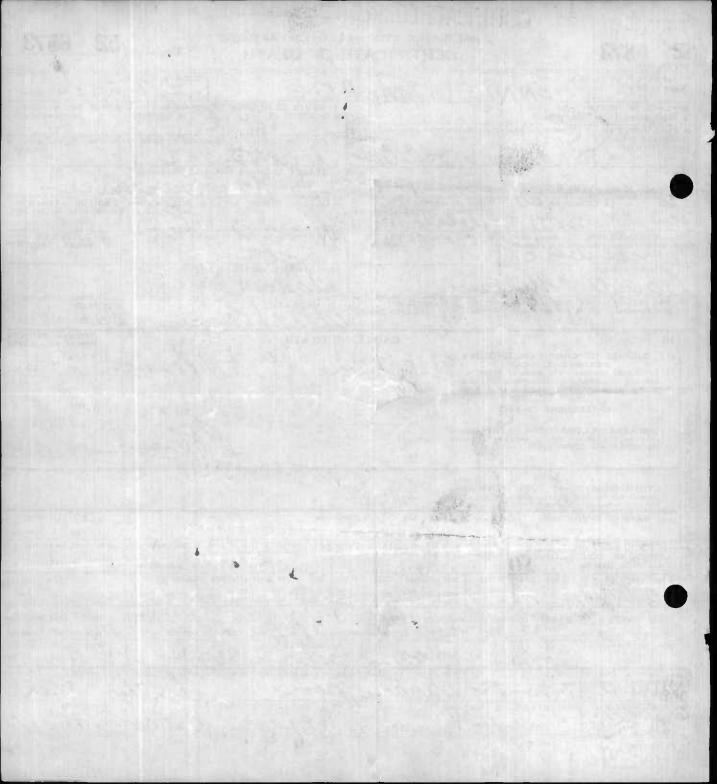


CERTIFICATE CORRECTED_8-4-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.2 68#73

BI	RTH NO.							
	NAME OF DE		*		7	2. DATE	5 × /	
(1	ype or Print)	UEN	NIE	JIAH	195	OF DEATH	ムターレマ	
	PLACE OF DE				4. USUAL RESIDENC	E (Where deceased lived, I) B. COUNTY	institution : residence before admission)	
	FULL NAME (al or instituti	on, give street address or	1 //	DE B. COOKIT	Delote admission)	
H	DSPITAL OR	(II not in nospit		location)	C. CITY OR TOWN	(If outside corporate limi	ts write HUKA and give	
IN	STITUTION	Man to	%	to latel	at not	10201	township)	
		Jono-	WI	oqual	1 acus	ace 1	2	
4	V			Yrs.	D. STREET ADDRESS	(If rural, give location)	1/14	
	ength of st	ay in Baltimore		Days	2/10/10	6 harce	e ea	
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours	
1	emalo	· losterto		ED, DIYORCED (Specify)	Mar. 25 1884	last britiaday) M	onths Days Hours Min.	
10	A USUAL OCC	CUPATION (Givekind of			11. BIRTHELACE (State	or foreign country)	12. CITIZEN OF	
worl	done during most of	(working life, even if retired)		INDUSTRY	7.16.	at total and tot	WHAT COUNTRY	
1		2 wege			aun			
13	FATHER'S N	AME //			14. MOTHER'S MAIDE	N NAME		
1	Tava	d mu	ller		Klarale			
15	. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	7	DDDECC	
(Ye	s, no or unknown)	(If yes, give war or date	e of service)	SECURITY NO.	1101-11	10	DDRESS	
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	18. [9 2	1.0 .		CAUSE	OF DEATH	, 01 ",	INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	E OR CONDITION	DIRECTLY	(1	L 1/2 -	+) / /	DINSE! AND DEATH	
	(This door	LEADING TO DEA'	TH	V. Can	11 /rea!	1 Whaust	~ 24 aona	
	heart failur	re, asthenia, etc. It mea	ans the disease			A		
	injury or	complication which	caused death.) DUE TO				
		ANTECEDENT CAUS	SES			ERTIFICATION APPRO	OVER BY	
Z				(B)		LINI IOANON III III	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
A	UNDERLY	ING CONDITION LA	AST.			1 M Casher	M, B,	
O				(C)	•••••••••••••••••••••••••••••••••••••••	CHIEF OR ASST. MEDICAL E	CAMPA R.	
1		И						
CERT		GNIFICANT CONDI						
Ы		TO THE OEATH, BUT SEASE OR CONDITION						
0				FINDINGS OF OPER	ATION		1 20. AUTOPSY?	
7		_ 0					YES NO L	
Ü	21. ACCID	ENT WAS UNDER	218 PLA	CE OF INILIRY (e.e. i	or 21c. WHERE DID	(If in Baltimore City		
EDICAL								
M	LYINGT OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 126							
		Month) (Day) (Year)	(Hour)	LIE. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	weather	
	F INJURY	16-23, 195	-5 - W	HILE AT NOT WHILE	VIKE OT WELL	w clothes on	duni a hat	
	0				7		1 1	
	22. Thereby	22. I hereby certify that I attended the deceased from 7-22 19, to 7-23-52, 19, that I last saw the						
	deceased al	ive on 7-23-	, 19 3	and that death occur	red atm., from	om the causes and on t	the date stated above	
	23A. SIGNAT	URE P	0	000000 2	3B. ADDRESS	06/m. O 1	23c. DATE SIGNED	
	A	torul	NY	M. O.	2730 71	Store si	1/22/50	
2	AA BURIAL C	REMA- 248. DATE	0 2	AL NAME OF CEMETE	BY OR CREMATORY 24	4D. LOCATION City, town	or county) (State)	
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-*	ATE RECEIVED	D BY DECICED IN	S SIGNIA	9 Tour Co	25. FUNERAL DIRECT	TOP ()	ADDRESS ()	
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	JUL 24	1952 Thunte	nglow 1	Vellacus My	xuex peros	1 /HR X100 (seiton /x	
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BALTIMORE CITY HEALTH DEPARTMENT

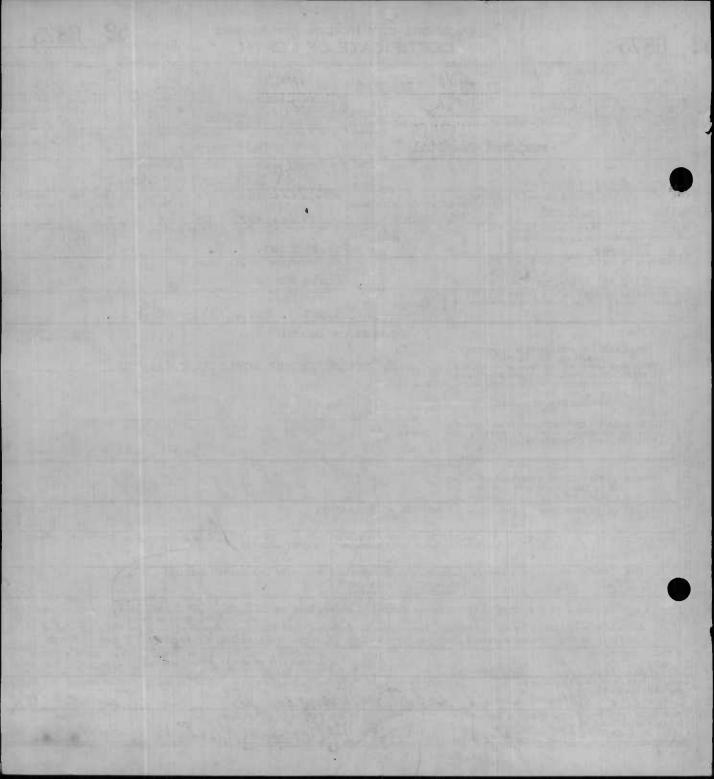
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Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mary Eleanor Stirling July 23rd 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) Harford (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN 1735 Harford Avenue INSTITUTION Fallston Maryland D. STREET ADDRESS (If rural, give location) Yrs. 2- Months Mos Fallston ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years | M Under | Year | M Under 24 Homs WIDOWED DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Female White Dec.8, 1867 84 7 15 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) U.S.A. INDUSTRY Towson, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Charles Burke Sarah Jane Shipley 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
NO 10 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. James M. Stirling-380I Yolando Rd. None INTERVAL BETWEEN 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (1) Claste namena of as Chronel LEADING TO DEATH (This does not mean the mode of dying, e.g., OUE TO Excepty litis heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL VES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from , 19 12 that I last saw the July 22, 1962, and that death occurred at 6 A deceased alive on _m., from the causes and on the date stated above. 238. ADDRESS 23c, DATE SIGNED 23A. SIGNATURE 7/23.52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY Edmondson Ave. Balto: Md. Burial July 26.1952 New Cathedral Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE George J. Ruth, Inc. 1735 Harford Avenue LOCAL REGISTRAR Williams, No.

SAUE. SEWH CHARLE . all observed a letter of the contract of the Mirosetton ve. Delto: 150 To the second process of the second of the s mayor developed the colding to the coldina to the c

CERTIFICATE OF DEATH Registered No. 6875

B	RTH NO.			CERTIFICATI	E OF DEATH		
	NAME OF DE	ECEASED			2. DATE		
			JAMES	ROBBINS	DEATH July		
	Baltimore C	EATH: Sity. Maryland		Har Septiment	4. USUAL RESIDENCE (Where deceased lived. If ins	stitution: residence before admission)	
В.	FULL NAME		al or institut	tion, give street address or	Maryland		
	NSTITUTION Provident Hospital			location)	C. CITT ON TOWN (II outside corporate limbs,	write RURAL and give township)	
	6	Provid	ent no:	-	Baltimore /6	0	
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
	sength of st	6. COLOR OF RACE	7 011101	Days	1143 Woodyear Street		
	ale	colored	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	last birthday) Monti	der I Year H Under 24 Hours hs Days Hours Min.	
		CUPATION (Givekind of		lidowed	Juné 22, 1895 57 .		
wor	done during most of	f working life, even if retired)	IOB. KINL	OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?	
	Labor			Sen	Williamson, N. C.		
1.2					14. MOTHER'S MAIDEN NAME		
		t Robbins			Vinie Myers		
(Ye	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.		RESS	
				217-07-1102	Moses S. Lewis, 1715 Baker St.		
	18. 4 4	13 x .		CAUSE	OF DEATH	INTERVAL BETWEEN	
	DISEAS	E OR CONDITION				ONSET AND DEATH	
	(This does	not mean the mode of	f dying, e. i	. (A) Hypert	ensive cardiovascular disease		
	heart failur	re, asthenia, etc. It mea complication which c	ns the diseas	se,		***************************************	
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
Ē	UNDERLYING CONDITION LAST.						
RTIFICA	(C)						
E	OTHER SIGNIFICANT CONDITIONS CON-						
	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED			
CE				FINDINGS OF OPER	ATION	20. AUTOPSY7	
L						YES NO T	
CA	21A. EXTERN	AL CAUSE WAS		CE OF INJURY (e.g., in	in or 21C. WHERE DID (If in Baltimore City, give exact location)		
EDI		OR CONTRIB-	about home,	farm, factory, street, office bldg., e	(ic.) INJURY OCCUR?		
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE				RED 21F. HOW DID INJURY OCCUR?		
	OF INJURY		1	WHILE AT NOT WHILE			
L	22 7		m.	WORK L AT WORK L	increation 2 inquiva		
	22. I certify	y that I took char	ge of the	remains described a	bove, held an inspection & inquiry : Autopsy, Inspection or Inquiry	thereon and from	
	the evic	dence obtained by	said Auto	psy, Inspection or I	nguiry, find that said deccased died on the	day stated above,	
	and death in my opinion resulted from: natural causes \(\) accident \(\), suicide \(\), homicide \(\), undetermined \(\).						
	23A SIGNATURE 23B. CHIEF MEDICAL EXAMINER						
M.D. MEDICAL INVESTIGATOR DI JULY 22, 1952 242 BURIAL CREMA 1/24B. DATE 245 NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (Sta							
TIS	REMOVAL (Sp	glify)	1/0	(11) 7	no 10 1 19.0t	o mi	
-	TE RECEIVED		6/02	Cronus 1	Jamorea Park Ballin	ore III	
LO	CAL REGISTR	RAR	L MAI		25. FUNERAL PRECTOR	DDRESS	
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1 11	S 151	/	The soul	44 6-3			



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 68*/6

BI	RTH NO.			
	NAME OF DECEASED (ype or Print) ALICE ESTELL	HAAS	2. DATE OF DEATH	122.1952
Α.	Baltimore City, Maryland 411 &. 31 th.	4. USUAL RESIDENCE (W	here deceased lived. If in	titution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (III	outside corporate limits, w	vrite RURAL and give township
G.	Length of stay in Baltimore Life Yrs. Mos. Days	o. STREET ADDRESS (1)	ural, give location)	-02
0	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	april 15,1874	last birthday) Month	er I Year Hunder 24 Hours Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of A doregduring most of working life, even intretired) OUGE Wife A HOWE	11/BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY
	Henry E. Beard	Laverna 6	· Evans	
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Mal H. Phill	ips 411 8.	31 - 18
IFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Honny Parley Val	Le Adresse	ONSET AND GEATH
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	m. Ukun		Les trum
AL.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER.	ATION		YES NO
MEDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	e exact location)
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from deceased alive on year, 19, and that death occur 23A. SIGNATURE	1 May , 19 K, to 2	value, 190, the causes and on the	that I last saw the date stated abore
24	4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER	1514 W. Markey Co	OCATION (City, town, or	1v July N
TIC	ON REMOVAL (Specify) July 25/952 Batting ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	alto 7	ud,
L	JUL 20 1952 Huntington Williams Mis	John J. Senfel	3319 Edm	ondson ave
	110 100	C1 3.8 1		

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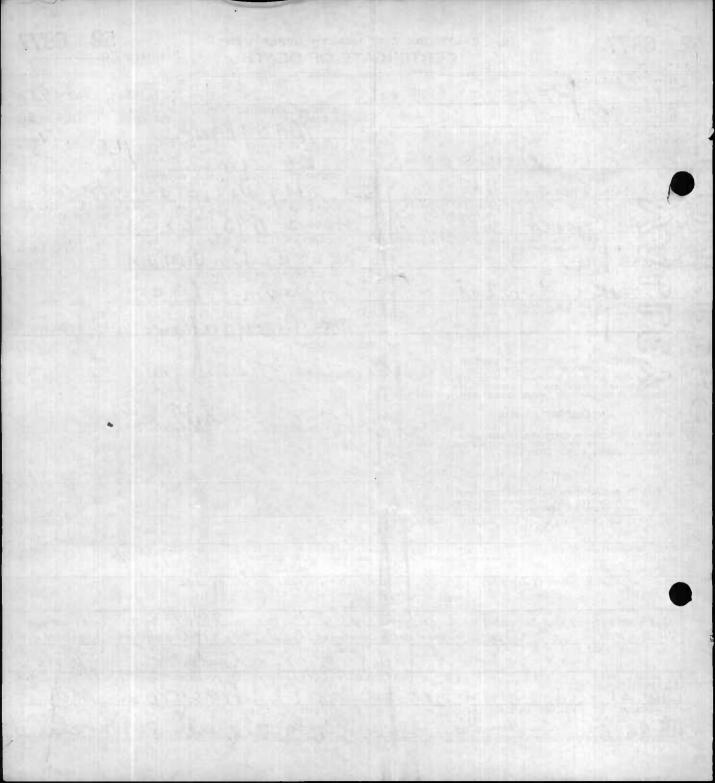
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BALTIMORE CITY HEALTH DEPARTMENT

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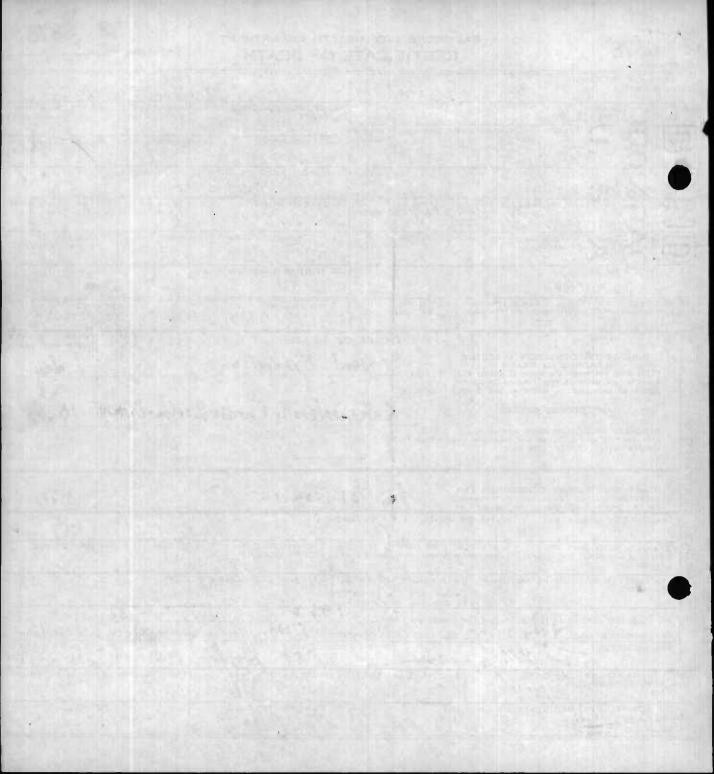
100	5 60//	CEDTIEICAT	E OF DEATH	Registered No.	0077		
	BIRTH ND.	CERTIFICAT	E OF DEATH	2008.500704 210,2			
	Type or Print) BESSIE	HAUES		2. DATE JULY	20-1952		
	B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Who	ere deceased lived. If insti	tution : residence before admission)		
	S. FULL NAME DF (If not in hospital or instit	ution, give street address or location)		vd ,	2		
	NSTITUTION 7 / / /	ion st.	30/4:	0- 14-	ite RURAL and give to nship)		
		Yrs.	D. STREET ADDRESS (If ru	ral, give location)	,		
921	Length of stay in Baltimore 45	Mon	2119 Divi	sion st	REET.		
7	/ / / WIDO	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months	1 Year II Under 24 Hours Days Hours: Min.		
		D DF BUSINESS DR	11. BIRTHPLACE (State or fore	62	CITIZEN OF		
We	ork done during most of working life, even if retired)	INDUSTRY	FSSRY Co	12.	WHAT COUNTRY?		
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	TE TO THE			
	HENRY HUNTE	C	ANNIE C	lARK			
0	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or nuknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY ND.	17. INFORMANT	ADDR	ESS		
-	No		MRS. HAdys 19	1/more 2119J	101510NST-		
	18. 331 X and 260)	`	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	(0.	chal Henry	laces			
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,					
5	ANTECEDENT CAUSES	4	177:114	AMI			
	DISEASES OR CONDITIONS, IF ANY, GIV		ypenemicon y	Museus.			
FICATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO					
101		_ (C)					
	OTHER SIGNIFICANT CONDITIONS C						
1 1	TO THE DISEASE OR CONDITION CAUSING	IT					
	0	R FINDINGS DF DPER	RATION		20. AUTOPSY?		
ACIC	21A. ACCIDENT. SUICIDE, 21B. Pl HDMICIDE (Specify) about hom	LACE OF INJURY (e. g., e, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If :	in Baltimore City, give			
MEDI		c, tarm, ractor J, attect, omconiag.,	INSORT OCCURT				
	21p. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		DCCUR?			
	m.	WHILE AT NOT WHILE AT WORK		1-1-			
	22. I hereby certify that I attended the deceased from 1951, 19, to 7/20/52, 19, that I last saw the deceased alive on 7/20/52, 19, and that death occurred at 2:45 m., from the causes and on the date stated above.						
	deceased alive on 19 23A. SIGNATURE	, and that death oecu	23B. ADDRESS		BC. DATE SIGNED		
	Hac & Julian	M. D.	5117) ochres	les &	7/27/52		
3 7	100 REMOVAL Specify)	44C. NAME OF CEMETE	ERY OR CREMATORY 24D, LOC	CATION (City, town, or	oyinty) (State)		
3 -	DATE RECEIVED BY REGISTRAR'S, SIGNA	TAPPUTUS /	25. FUNERAL DIRECTOR	PUTUS.	DRESS		
	OCAL REGISTRAR Huntington	Letti allera CALID	Earla Film	10 - 519 m	AD LOS ST		



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BALTIMORE CITY HEALTH DEPARTMENT

Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH July 22, William T. Smith 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Mary and B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RbnAL and give C. CITY OR TOWN INSTITUTION 906 N. Charles Street township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 906 N. Charles Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Dec. 26, 1875 male white farried 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? England Ret. Musician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Olive James Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Marjoria Smith, 906 N. Charles Street INTERVAL BETWEEN 18. 1221 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY eat Exhaution LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO Anteriorolerotic Gardio-Kasulan Disme ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION DICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE! WORK VVV 22. I hereby certify that I attended the deceased from 1 1952, and that death occurred at 6:30 Am., from the duses and on the date stated above. deceased alive on. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED posserlane 24A. BURIAL, CREMA-(State) ryland Green Mount Crematory DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul St. halles.



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52 6879 BALTIMORE CITY HEALTH CERTIFICATE OF	V JG ha /4
1. NAME OF DECEASED G. AMMEN HEUSER	2. DATE 7/23/5 2
A. Baltimore City, Maryland West All 170 A. STAT B. FULL NAME OF (If not in hospital or institution, give street address or	AL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
100 662 8 Harford Road Bale	Of TOWN (If outside corporate limits, write RURAL and give township)
ngth of stay in Baltimore Yrs. Mos. Days O. STRE	et Address (If rural, give location) 5 fb. Albans Road
male White married abo	OF BIRTH 9. AGE (In years of Under I Year of Under 24 Hours Min. 1874 7874 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed 30	HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
John ammenheuser Ba	Chaine Koch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Work	andress Andress Andress
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	TH PROSTRATION INTERVAL BETWEEN ONSET AND GEATH 7/22/52
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	GIA - LEFT ZMOS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nos tration

21c. WHERE DID

INJURY OCCUR?

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bidg., etc.)

21B. PLACE OF INJURY (e. g., in or

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

21F. HOW DID INJURY OCCUR?

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NOT WHILE WHILE AT WORK AT WORK L

22. I hereby certify that I attended the deceased from deceased alive on 1/22/57 .. 19

and that death occurred at 22 Am., from the causes and on the date stated above. _, that I last saw the 23B. ADDRESS

24c. NAME OF CEMETERY OF

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burea

(City, town, or county) (State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

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NOT A MEDICAL EXAMINER'S CASE

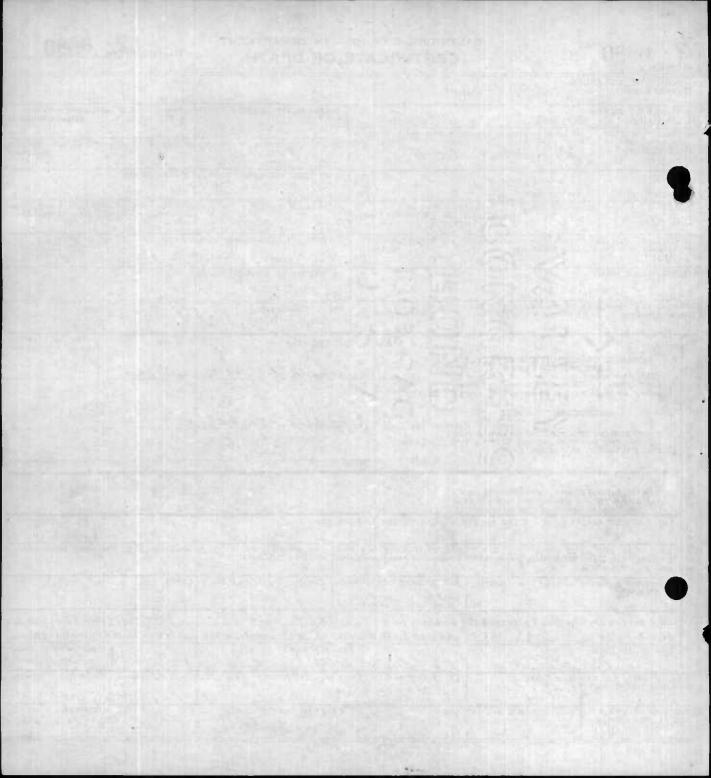
..... M.D.

CHIEF OF ASS'T MEDICAL EXAMINER

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Lethco

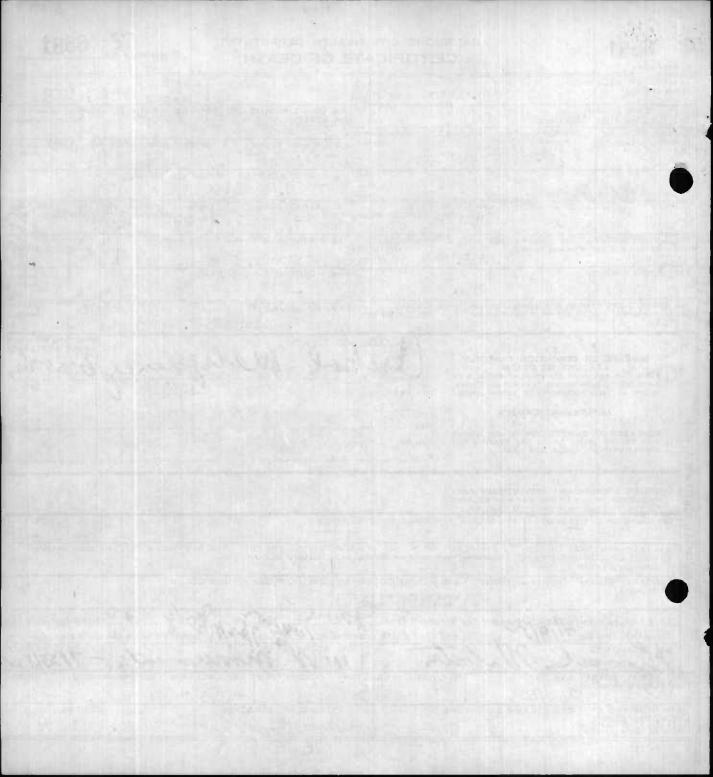
)2 BIRTH)	BAI	CERTIFICATE	E OF DEATH	Registered	2 _{No.} 6880
	ME OF DE or Print)	ceased Edna	a Lethc	0		2. DATE OF DEATH Jul	y 22, 1952
	ACE OF DE Atimore Ci	ty, Maryland			4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution : residence before admission
HOSP	L NAME C ITAL OR TUTION	2918 E. Fo		ion, give street address or location) Street	Baltimore	0	dd, white RURAL and give township
J.e	ngth of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I. 2918 E. Federa		
fem	x sle	6.COLOR OR RACE White	MIDOA	E. MARRIED. VED, DIVORCED (Specify) OWEG	8. DATE OF BIRTH Dec. 26, 1909	9. AGE (in years last birthday)	Months Days Hours Min.
rork don		UPATION (Give kind of working life, even if retired)		of Business or Industry Cork & Seal Co	11. BIRTHPLACE (State or Belmont, Nor		12. CITIZEN OF WHAT COUNTRY
13. F/	Jame	AME S Limeberger		CURIC PRODUCE	14. MOTHER'S MAIDEN N	NAME	
15. W. (Yes, no	AS DECEASED	EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Betty Lethco, 2	918 E. Feder	address al Street
ERTIFICATION	DISEASES RISE TO TH UNDERLY!	e, asthenia, etc. It mesecomplication which of the complication which of the complication with the complication of the death, but to the death, but	eaused death	(C)	enslyes Car	crois	
U	TO THE OIS	SEASE OR CONDITION	CAUSING		ATION		20. AUTOPSY?
MED	YING OR AUSE OF D	ENT WAS UNDER-CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	ED 21F, HOW DID INJUR		YES NO L
24A. TION.	2. I hereby eccased ali BA. SIGNAT BURIAL, C REMOVAL (SI EMOVAL ERECEIVEL AL REGISTE	REMA: 24B. DATE Decify) 7/24/5 DBY REGISTRAR	tended the	deceased from and that death occur 2 LEAM. O. 24C. NAME OF CEMETE Charlotte		L7. LOCATION (City, townsarlotte, No.	7/73/57
الالد	VS 150	JE Harting	to A	diame, M.	? Z		



2 6881

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	INTELLECT						
	NAME OF DECEASED Type or Print)	Loui	is H. C	tto		2. DATE OF DEATH July	y 22, 1952
A	. PLACE OF DEATH: Baltimore City, Mar				4. USUAL RESIDENCE		
H	OSPITAL OR	ot in hospital		on, give street address or location)		f outside corporate lim	its, write RUKAL and give township)
7			0113	Yrs.	Baltimore D. STREET ADDRESS (III	rural, give location)	
	Length of stay in Ba			Mos. Days	115 W. Monumor		
	hale whi	te	Wibow	. MARRIED. ED, DIVORCED (Specify) P10d	June 27, 1885	67	If Under I Year If Under 24 Hours Min.
WOL	OA. USUAL OCCUPATION of k done during most of working life, Ret.	(Give kind of even if retired)	10в. KIND A. & P.	of Business or INDUSTRY Food Stores	11. BIRTHPLACE (State or in Bal timore, Man		12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME		0++-	GAICERY (R)	14. MOTHER'S MAIDEN N		
15 (Ye	5. WAS DECEASED EVER IN	U, S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			OZGORITI NO.	Agnes E. Otto, 11	5 W. Fonumer	nt Street
CERTIFICATION	(This does not mean heart failure, asthenia injury or complication	, etc. It mean, on which ca ENT CAUSE DITIONS, IF CAUSE (A) S DITION LAS	dying, e. g s the disease used death. ES ANY, GIVIN STATING TH. TIONS CONIOT RELATE:	(B)		If nanc	5 6 8 Wis,
1	19A. DATE OF OPERAT	TION 0 19	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS LYING OR CONTRIB CAUSE OF DEATH	UNDER. BUTING	21B. PLA about home, fo	CE OF INJURY (e. g., in	or 21c. WHERE DID (stc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	ID. TIME (Month) (I	Day) (Year)(HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereby certify deceased alive on 1	11915~ C. M	10	and that death occur	III W. Mm	uments	the date stated above. 23c. DATE SIGNED
TI	A. BURIAL, CREMA- ON, REMOVAL (Specify)	48. DATE 25/52	2	Lorraine Ce	netery I	OCATION (City, town	inty, Mrwins
	OCAL REGISTRAR	EGISTRAR'S	SIGNATU	HIL SUA MAD	Wm. Gook, h		ADDRESS
		1 June	W	Thornes of the	2 6 9 9 0		

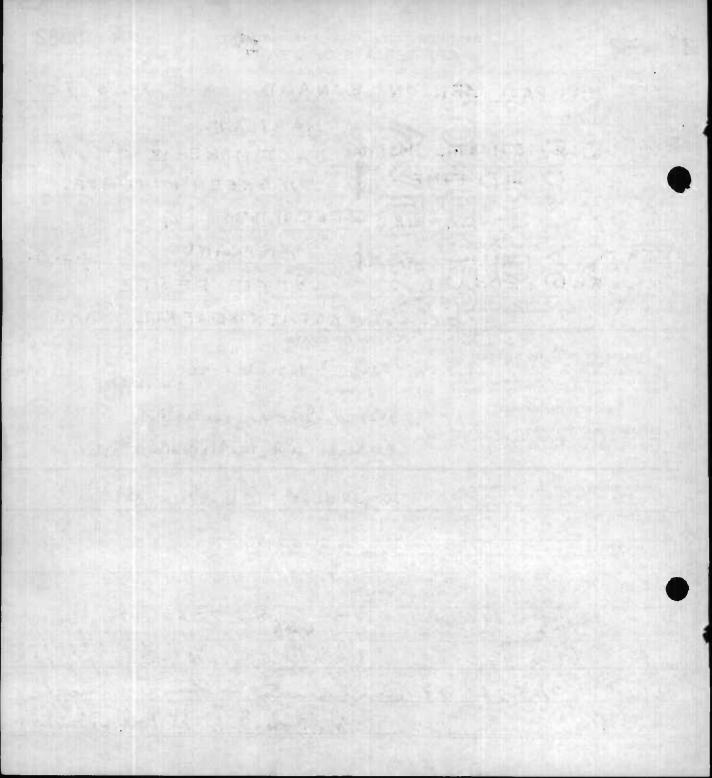


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2	6882

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) R. PAUL BENSON LEONARD DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MA RYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RUR L and give INSTITUTION UNION MEMORIAL HOSPITA township) ALTIMORE-18 D. STREET ADDRESS (If rural, give location) Yrs. LIFETIME Mos. GREENMOUNT AVE. ength of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Il Under 24 Hours 9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min. DEC. 11,1880 MARRIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF HOUSING INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY AUTHORITY U.S.A. OF. MO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MILLARD LEONARD LOTTIE PE NT 7 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO KATHERINE LEONARD SAME 213-32-0258 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH cerebral vascular accider (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TD ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. OPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT 1952, to . 1952 that I last saw the 7 - 4 7 - 23 22. I hereby certify that I attended the deceased from. 19 and that death occurred at 6:28 A m., from the causes and on the date stated above deceased alivelon ASCIDATE SIGNED 23A. S. GNATURE 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMET TION, REMOVAL (Specify Buria DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR

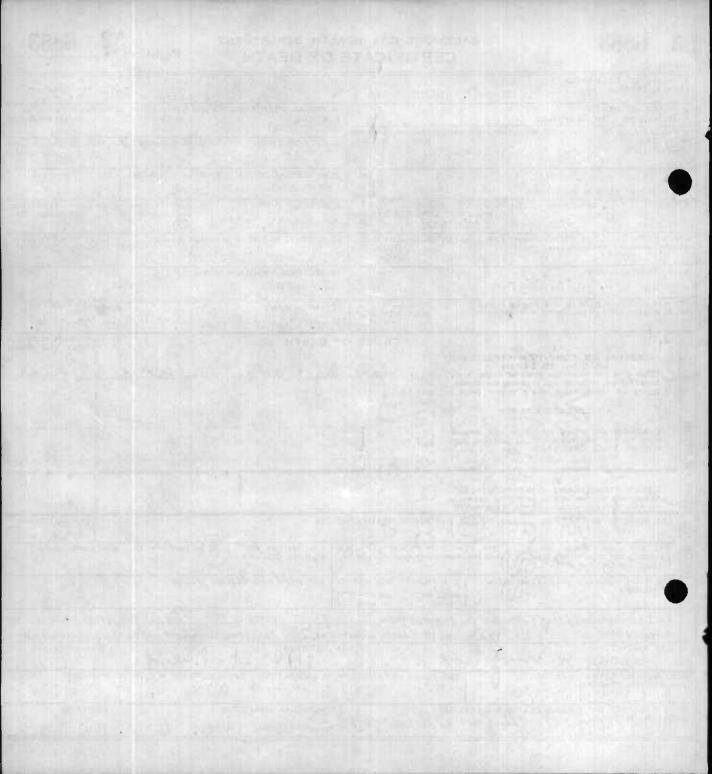
VS 150



52 6883

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Frances F. Anton	2. DATE OF DEATH July 22, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
618 East 33rd Street	Baltimore (township)
Cength of stay in Baltimore Yrs. Mos. Days	618 East 33rd Street
female 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widowed Widowed	August 11, 1862 89
10A. USUAL OCCUPATION (Givokind of Mork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	Raltimore, Maryland
P. Reinfelder	14. MOTHER'S MAIDEN NAME A. Vees
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Charles Stegman, 618 East 33rd St.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	uliged arterio - scleroses huhum
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office bldg, etc.) CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. WHILE AT NOT WHILE AT WORK AT WORK	
23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	7/22, 1913, that I last saw the rred at 7:30 pm., from the causes and on the date stated above. 238. ADDRESS RY OR CREMATORY 24b. LOCATION (City, town, or county) RY Cemetery Baltimore, Maryland 25. FUNERAL DIRECTOR ADDRESS
VS 150	Am. Cook, har . 9 107 St. Paul Street



N-981.3

BALTIMORE CITY HEALTH DEPARTMENT

52 6884

0004	CERTIFICAT	E OF DEATH	Registered No.	, 0004
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) CHARLES O	OSEPH HI	RSCH	2. DATE OF DEATH 7/2.	3/52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If ins B. COUNTY	ticution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION	cution, give street address or location)		outside corporate limita v	vrite KUAAL and give
UNIONMEMORIAL	HOSP.	BALTIMO		township)
Length of stay in Baltimore	Yrs. Mos. Days		rural, give location)	
5. SEX 6. COLOR OR RACE 7. SING	LE, MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Um	dar I Year If Under 24 Hours has: Days Hours: Min.
10A. USUAL OCCUPATION (Givekindof 10B. KI)	M.	MARCH 9, 190	49	
work done during most of working life, even if retired) TRA FFIC REPRE SENTAR	 INDUSTRY 		A/D	WHAT COUNTRY?
13. FATHER'S NAME	SHIP CO.	14. MOTHER'S MAIDEN N	AME	· J.
CHARLES B HIRS		PATRONILL		
(Yes, no or unknown) (If yes, give war or dates of service)	212-03-1850	17. INFORMANT	SAN	RESS
18. 424 3 and - 0:		OF DEATH	347	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	, , ,	O. BEATH		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	1-1	PIRATION		
heart failure, asthenia, etc. It means the disc injury or complication which caused de	ease,	•••••••••••••••••••••••••••••••••••••••	***************************************	
	,			
ANTECEDENT CAUSES	THE	AT PROSTE	ATTON.	
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING	/ING			***************************************
UNDERLYING CONDITION LAST.	(c) HE	ART DISE	ASE	100000000000000000000000000000000000000
0			-0.0-	
OTHER SIGNIFICANT CONDITIONS C	ON.	AT PROST	RATION	The state of
TRIBUTING TO THE DEATH, BUT NOT RELA	TED - TED	ET STEA	SE_	
	OR FINDINGS OF OPE	RATION		20. AUTOPSY?
CA L				YES NO
LYING OR CONTRIBUTING	LACE OF INJURY (e. g., ne, farm, factory, street, office bldg.,		If in Baltimore City, give	e exact location)
ZID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
F INJURY m.	WHILE AT NOT WHILE WORK AT WORK			
22. I hereby certify that I attended th	re deceased from 7/3	19520	7/23 .195	hat I last saw the
deceased alive on 7/23 195	and that death occu		he causes and on the	
23A. SIGNATURE		38, ADDRESS		23c. DATE SIGNED
	м. р.	UNION /YEM	oria L Mosi	0 7/23/57
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 246. L	OCATION (City, town, or	
BUKIHL 11-16-1954	LOUDON PA	IKK DHI	10.	MD.
DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR		25. FUNERAL DIRECTOR	24 67 19 25	VOOK PAAD
A	of 60	Median Mark	CO 17 02	IVENTRUM
Vs 150	380	55		

NOT A MEDICAL EXAMINER'S CASE

OF THE DAY ASST MEDICAL EXAMINER

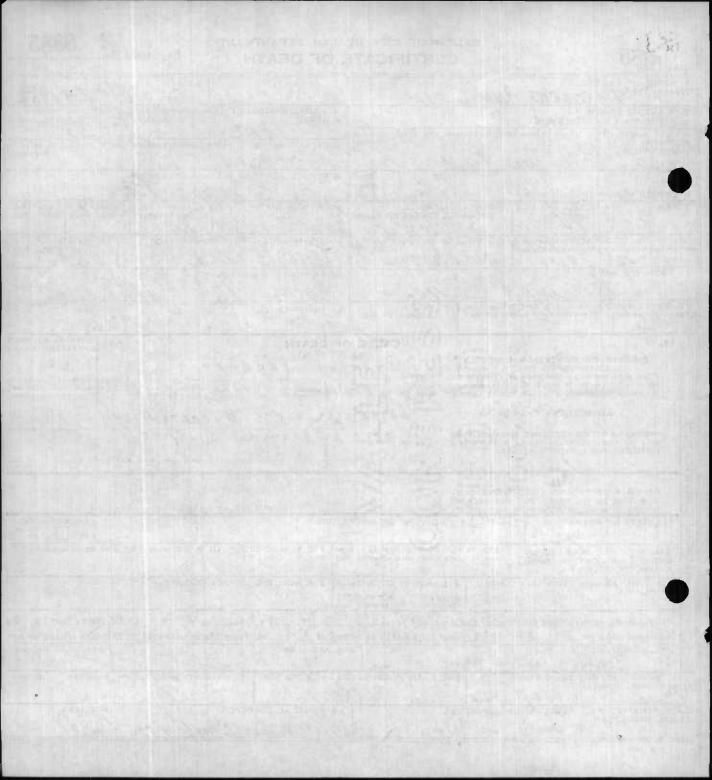
OF THE DAY ASST MEDICAL EXAMINER

-16	50	1)
	IRT	86	85

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

59	COOF
	6885
Registered No	

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MARGARET ANN CAIN	2. DATE OF DEATH OU/Y 23 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY Defore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR JOWN (If outside corporate limits, write RURAL and give township)
130 5 Vatterson Park an	D. STREET ADDRESS ((If rural, give location)
c. Length of stay in Baltimore	309 E Johna Rd
5. SEX 6. COLOR OR RACE 7. SINGLE, WARRIED, WIDOWED DIYORCED (Specify)	PDATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done a vinog most of working life, each if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAMES	Idallo ma , las A.
Edward Colann	IMM MC HITTIAM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT, Cain Same
18. 443 X 1 CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CHO- PNEUMONIA 3 DAYS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES ARTERIO	ISCLBROTIC, HYPERTENSIVE 332
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CARD)	OUNT DISEASE ? ??
UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	tc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	20 21F, HOW DID INJURY OCCUR?
m. WORK AT WORK	ily 14, 1952, to July 23, 1952, that I last saw the
22. I hereby certify that I attended the deceased from	red at 5 1 - m., from the causes and on the date stated above.
	38. ADDRESS Chester Str 23c. DATE SIGNED 7/23/52
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 FUNERAL DIRECTOR ADDRESS
1111 24 1952 + + to Williams MEN	Miles Rensor Dong to 4905 York Kl
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased fived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write LURAL and give D. O. INSTITUTION township) If Mral, give location Yrs. Mos. c. Length of stay in Baltimore Lewood Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF 9. AGE (in years) If Under 1 Year II linder 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. 1 dance 190 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman Tomare rd. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO ONSET AND DEA DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES RTIFICATION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

20, AUTOPSY7

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B, MAJOR FINDINGS OF OPERATION

VEC 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bldg., etc.)

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE! WORK

122 1952 that I last saw the

22. I hereby certify that Lattended the deceased from 249 5 and that death ofcurred ft.

m., from the causes and on the date stated above. 23c. DATE SIGNED

deceased alive on 234 SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

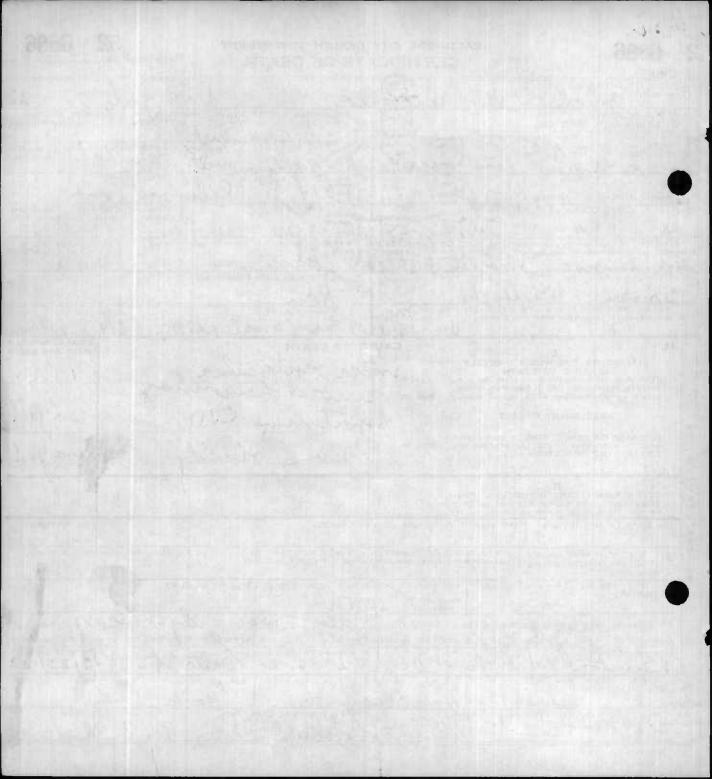
23B. ADDRESS

ADDRESS

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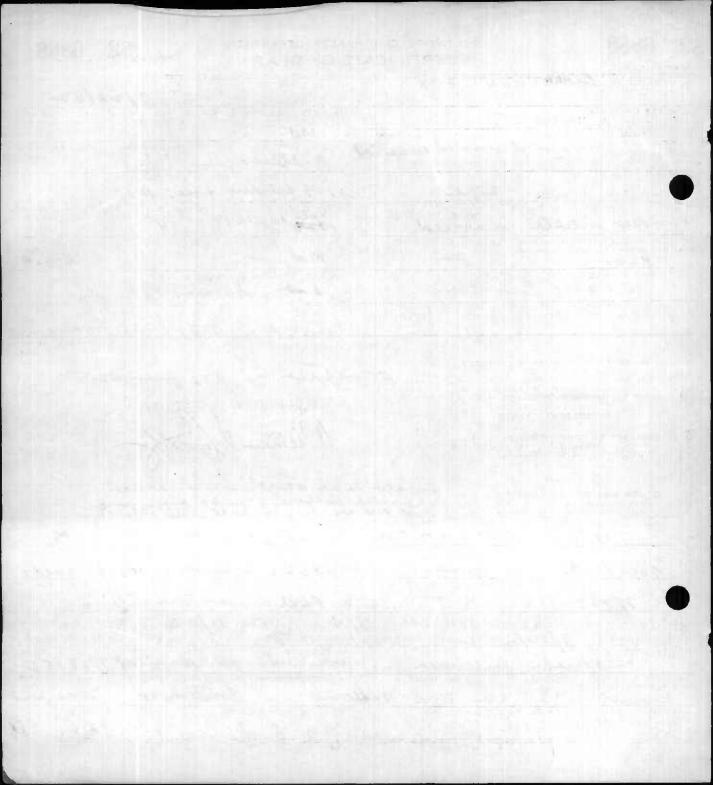


626	
06 0001 0 1	E OF DEATH Registered No. 6887
BIRTH NO. 7 1-24424 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED David Lee &	Darker 2. DATE July 23, 1/52
A. Baltimore City, Maryland / L/F OP D	4. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
JOHNS HOPKINS HOSPITAL	Paltinude (township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLUMN RACE 7. SANGLE, MARRIED.	
male white WIDOWED, DIVORCED (Specify)	Och. 17, 195 / last birthday) Moths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired) A 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHIPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Gillen Mc Donald
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
18. 754.4 I CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	utal heart dis ease, acuano l'o
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	CERTIFICATION APPROVED DY
Z DISEASES OR CONDITIONS, IF ANY, GIVING	wow his . The street BY
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	which your source
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	CHIEF CK ASST. MED UM CK MAD
OTHER SIGNIFICANT CONDITIONS CON-	
	RATION 20. AUTOPSY?
SAL	YES NO [
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 1923, and that death occur	, 19 , to / 2 , 19 , that I last saw the
	230 ADDRESS 23C DATE SIGNED
24A, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE	JUHNS HOPKINS HOSPITAL 7 23/52
24A. BURIAL CREMA- TION. BEMOVAL (Specify) 7/26/52 Orology	(State) Baltimore, Manuferl
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUL 2 4 1952	25. FUNERAL DIRECTOR ADDRESS ADDRESS Paul &
VS 150	

AND STATE OF THE PERSONS ASSESSED.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6888

BIRTH NO.		CERTIFICAT	E OF DEATH	registered 2	
	of DECEMBERIKA) (LU FOX		2. DATE OF DEATH 7/2	22/52
3. PLACE C	ore City, Maryland		4. USUAL RESIDENCE (V		institution: residence before admission
B. FULL NA	AME OF (If not in hosp	ital or institution, give street address or	Md		
INSTITUTIO	OR anaryland	d General Haspital	c. CITY OR TOWN (If	outside corporaje limi	s, write RULAL and give
48			Ballimere	- /1	township)
ength	of stay in Baltimore	Life Yrs. Mos. Days	1728 Linder	rural, give location)" 4 we; #17	7
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10, 1878		H Under 1 Year H Under 24 Hours onths Days Hours Min.
work done during	L OCCUPATION (Give kind of most of working life, even if retired	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER			14. MOTHER'S MAIDEN N.	AME	3.7
	Davin &		Suc	oan Che	anly
15. WAS DE	CEASED EVER IN U. S. ARMI nown) (If yes, give wer or day	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
			Edward B. 1	ox, 1728	Finder and
18. Z	=9000	CAUSE	OF DEATH		INTERVAL BETWEEN
DI	SEASE OR CONDITION	DIRECTLY			
(This	LEADING TO DE	of dving, e.g.,	chure of R	T. Lewe	UZ.
heart	failure, asthenia, etc. It me y or complication which	eans the disease,			******
injur	y or complication which	caused death.) Doe 10	CERTIFICATION AF	PROVED RY	
_	ANTECEDENT CAL	JSES	1	//	
DISE	ASES OR CONDITIONS,	IF ANY. GIVING	11 100- 11		***************************************
RISE	TO THE ABOVE CAUSE (A		William 1	OULXXX.	
-	ZKZ: MG CONDITION :		CHIEF OR ASST. MEDIC	AL EXAMINER	
OTH OTH	in a market	(¢)			
отн	ER SIGNIFICANT CON	DITIONS CON. Hyperter 2.	in Heart disk	an, curde	-
U TO T	UTING TO THE DEATH, BUT THE DISEASE OR CONDITION	T NOT RELATED MASCULAR ON CAUSING IT.	manager and a land	La - precure	~
	TE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Z	7/14/52	Fracture of The M	eok of Right Re	wer_	YES NO
21A. AC	CIDENT, SUICIDE,	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
W DO	Columb	Hame	1728 Linde	- ALLA: NO	17. Rald.
A CONTRACTOR OF THE PARTY OF TH	ME (Month) (Day) (Year	r) (Hour) 21E. INJURY OCCURR			11
F INJ	7/7/-	m. WHILE AT NOT WHILE	K Fell dawn	- The -	14/1
	11/1/50	-	1.0	1	
22. I h		ttended the deceased from 7	2 /		that I last saw the
		1952 and that death occur		he causes and on t	he date stated above.
23A. SI	GNATURE	0 1.1 .	23B. ADDRESS	Dun-nila	23c. DATE SIGNED
54454	Louise	Bakhau M. D. P	रद्धारा ५००५ व द्वारा	4 Magazag	1101132
TION, REMOV	AL, CREMA- 24B. DATE /AL (Specify)	24c. NAME OF CEMETE		OCATION (City, town	, or county)' (State)
Bu	rial 7/25	152 21. S. nall		Elemore,	maryland
DATE REC	EIVED BY REGISTRAF	S SIGNATURE	25. FUNERAL DIRECTOR	0	ADDRESS
JUL	24195211- 4:	to Wills a	Nm. End	DC 1212	lh Par Oll
VS 15	50	the state of the s	6 4 6 5	100	
-11	820.00				
N. /V		manufacture and the second			



11=	4	10	0	
2	-	68	89	

BALTIMORE CITY HEALTH DEPARTMENT

BIRT	H NO.				CERIII	-ICA II	E OF DEAT	H	Regist	erea 140-	
1. NA (Type	AME OF E	ECEAS	OSCA	RA	1541				2. DATE OF DEATH	ひムソー	22-1952
a. Ba	ACE OF D	City, N	Iaryland 9		PACA	PT I	4. USUAL RESID	ENCE (W		ved. If inst	
B. FU HOSF	LL NAME		(If not in Mospit		tion, give stree	et address or location)	c. CITY OR TOWN	- (16	outside corpora	ASTE FOR IT	-01
INST	TUTION				-		2	ALT	I MOR	Zares, w	MID township
				7		Yrs. Mos.	D. STREET ADDR	ESS (If r	ural, give locati	ion)	772
5. SE			Baltimore OR OR RACE	7 SINCI	E, MARRIED	Days	940	9-	MACH		
M	ALE	W	HITE	WIDON	NED, DIVORC	ED (Specify)	Nov 29-1	867	84	iy) Month	er 1 Year H Under 24 Hours S Days Hours Min.
ork don	eduring most	of working	ION (Give kind of life, eveo if retired)	10B. KIN		INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12	. CITIZEN OF WHAT COUNTRY?
	ATHER'S		SIONED	DALT	O PRAINS	IT Co	14. MOTHER'S MA	PILA ALDEN NA	MF		
	Joh	11	MEL	1				NOU			
15. W (Yes, no	AS DECEAS	ED EVER	IN U. S. ARME	D FORCES?	16. SOCIA	L RITY NO.	17. INFORMANT	1400		ADDI	RESS
				1	18-09-	9359		ELI	940 5	PHE	
18	-11		and E9	31.9		CAUSE	OF DEATH				ONSET AND DEATH
		LEAD	ING TO DEA	TH		cere	bread He	eusk	rlease	-	1 600
	heart failu	ire, asthe	enia, etc. It m ea eation whic h	ns the disea	se.	Cene	bral art	ercios	class	<i>i</i> _	· · · · · · · · · · · · · · · · · · ·
		ANTEC	EDENT CAUS	SES							
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) Corlores S Cleratic Carling - Vale. Due to								***************************************		
F	UNDERLY	ING C	ONDITION LA	STATING T							Source Source
E -					(6)				•••••		
E E	OTHER S	IGNIFI	II CANT CONDI E DEATH, BUT	TIONS CO	N.	14	eat Exhau	ita	18 18 00		
U I	TO THE D	ISEASE	OR CONDITION	CAUSING	IT	AE ABEB		Of desc			
AL.	A. DATE C	OF OPE	RATION	9B. MAJOF	R FINDINGS	OF OPER	ATION				20. AUTOPSY?
		R CONT	AS UNDER RIBUTING		ACE OF INJU				in Baltimore	City, give	exact location)
Σ	D. TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY	OCCURRE	21F. HOW DID	INJURY	OCCUR?		
	INSORT			m.	WHILE AT WORK	NOT WHILE					SHIT
2:	2. I hercb	y certi	fy that I att					, .	July 23	- /	hat I last saw the
-	eceased at		you !				red at / m.	, from th	e causes and		date stated above. 3c. DATE SIGNED
			5K	mbert		м. D.	400 W/	Lilt	in st	4	7/24/52
24A.	BURIAL, (S	CREMA- Specify)	24B. DATE			75.00 P. 19.00	RY OR CREMATORY	24D. LO	CATION (City,	, town, or c	county) (State)
121	RECEIVE	L D BV	JULY-2	6-52		CROS	SCEM	FOTOD	AA-	20	200
	L REGIST		REGISTRAR'	SSIGNATI	1/11:		25. FUNERAL DIR	to The	le 171		DDRESS SY SET
o.l	VS 150	1331	7,000	0	- July	MA- IN	Church C	CAR.	141	2712	31 011
		N9	81.3								

NOT A MEDICAL EXAMINER'S CASE

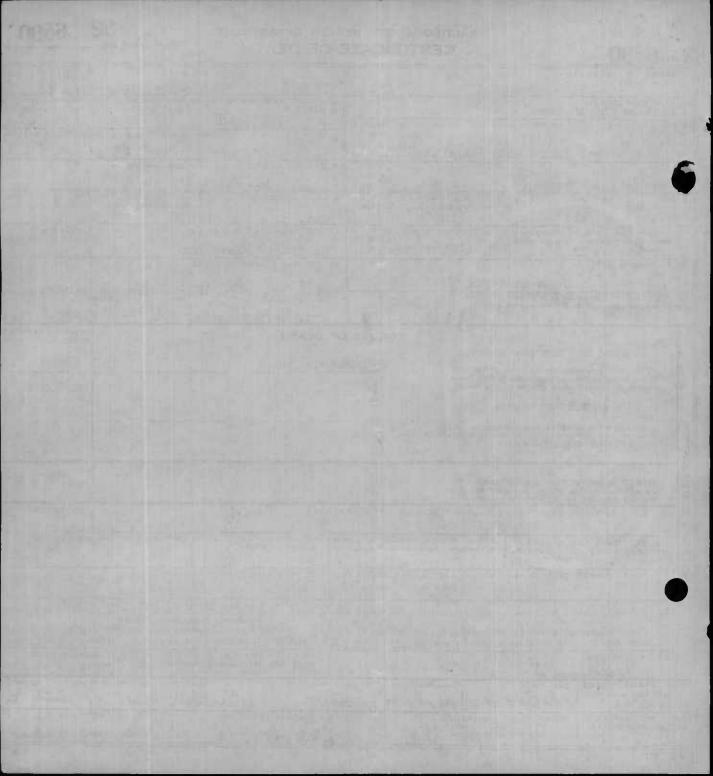
. 54.0.

CHIEF OR ASS . MEDICAL EXAMINER

1	261
}	2 IRTH 6890

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. 3)		CERTIFICATI	L OF DEATH				
i. NAME OF D				ALL THE WOOD IT	2. DATE OF	-1 - 20 3250		
		BERT	KUCHAE	CZYK I 4. USUAL RESIDENCE (uly 22, 1952		
a. Baltimore	City, Maryland			A. STATE	B. COUNTY			
B, FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital	al or institut	ion, give street address or location)	Maryland		mits, write HURAL and give township		
Marrionon	Baltimore Ci	Lty Hos	pital	Baltimor	e	6 // www.smp		
STEVEN			Yrs.	D. STREET ADDRESS (I	lf rural, give location) .		
Length of	stay in Baltimore	L	ife Mos.	3326 Fle	et Street			
5. SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours Min.		
Male	White		ingle	Oct. 3, 1921	30			
	CCUPATION (Give kind of tof working life, even if retired)	IOB, KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
	on line	Nati	onal Brewery	Baltimore, Mar	yland			
13. FATHER'S	NAME			14. MOTHER'S MAIDEN				
	John Kuc	harczy	k	Martha Barthow	riak	1/		
	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
(Yes, no or unknown	W. W. 2	01 801 1100)	213-14-8509	Mrs. Martha Ku	charczyk. 3	326 Fleet Stree		
18. //	9 1 V		CAUSE	OF DEATH		INTERVAL BETWEEN		
-7	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH		
	LEADING TO DEA	TH	Branc	hopneumonia				
heart fail	lure, asthenia, etc. It mes	ins the disea	se,			***************************************		
injury of	injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES								
Z DISEASE	ES OR CONDITIONS, I					***************************************		
UNDERL	THE ABOVE CAUSE (A)							
S			(C)			••••••		
L OTHER	SIGNIFICANT CONDI	TIONS CO	M					
TRIBUTIN	IG TO THE DEATH, BUT	NOT RELAT	ED					
	OF OPERATION 1	A - MINNEY OF	FINDINGS OF OPER	ATION		20. AUTOPSÝ?		
. ISA. DATE	OF OF ERRAFION					YES NO X		
ZIA. EXTER	NAL CAUSE WAS		ACE OF INJURY (e. g., i		(If in Baltimore Ci	ty, give exact location)		
UNDERLYIN	NG OR CONTRIB- CAUSE OF DEATH.	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED 21F, HOW DID INJUI	RY OCCUR?			
F INJURY			WHILE AT NOT WHILE					
		m.	WORK AT WORK	Inspec	tion & Inqu	iry thousand from		
1				above, held an Inspec	7. Inspection or Inqu	iry		
the	vidence obtained by	said Aut	opsy, Inspection or I	Inquiry, find that said	deceased died on	the day stated above		
		resulted	from: <u>natural cause</u>	s K, accident □, suicid		23c. DATE SIGNED		
23A. SIGNA	ill: 1/ d	-4		ASSISTANT MEDICAL	L EXAMINER	July 23, 1952		
24A. BURIAL.	CREMA- 24B. DATE	THE	4c. NAME OF CEMETE	D. MEDICAL INVESTIGATIVE OR CREMATORY 240.	LOCATION (City, to			
TION REMOVAL	(Specify) 7/26/	52	Holy Roza	l H	aman Wi	el Rd Ballo Ma		
DATE RECEIVE		S SIGNATI		25. FONERAL DIRECTOR	?	ADDRESS		
LOCAL REGIS	TRAR The	timeto	· With	100 Scot 6	Wol	es 705 & Que		
	1952	975	Wuania A	A SOUTH IN		2 John		
V S 151	2	WIP .	690	76		V		

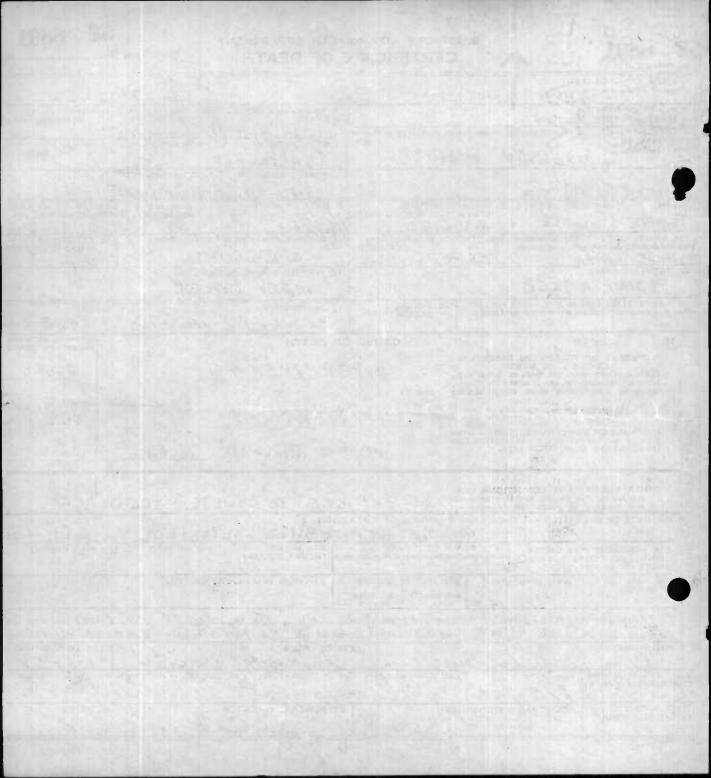


17	52
52	6891

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	6891

BIRTH NO.	E OF DEATH Registered No.	
1. NAME OF DECEASED	2. DATE	
(Type or Print) CLARA HOSICINS	OF DEATH 7-2	2-52
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If ins	
A. Baltimore City, Maryland	A. STATE B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		
INSTITUTION UNIVERSITY HOSPITAL	C. CITT OR TOWN . (If outside corporate railits.	township)
	D. STREET ADDRESS (If rural, give location)	75
Yrs. Mos.	> 15	
Length of stay in Baltimore Days	145 W. FHIRMOUNI	
WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Un last birthday) Mont	the Days Hours Min.
TEMALE BLACK MARRIED	7/6/9/3 39	0 0 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE COPPERS CO	MARYLAND	U. S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
BISHOP BAKER	MARY BAKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.		DRESS
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	BERNARD.W. HOSKINS	(SAME)
The day of the contract of the	OF DEATH	INTERVAL BETWEEN
6 7 6 1	OF BEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PERPYREXIA	JOHES
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	CE1/CC001	3 0//P 3
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		SDAYS
Z DISEASES OR CONDITIONS, IF ANY, GIVING	ITONITIS	30773
PISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		>
UNDERLYING CONDITION LAST.	VIC INFLAMM. DISEASE	•
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED SURGERY	DONE TO RELIEUE OBSTEW	MOW.
TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY?
	CITONITIS +ADHESIONS	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6.8, i		
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	,
E CAOSE OF BEATT	RED 21F. HOW DID INJURY OCCUR?	
FINJURY		
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from Que	ly YI 1954, to July YY, 1954	that I last saw the
deceased alive on July VV, 19 5 % and that death decur	rred at 103 am., from the causes and on the	date stated above.
23A. SIGNATURE 2	23B. ADDRESS	23c. DATE SIGNED
Buy 4. adellen M.D.	University Hospills	7-77-57
24A. BURIAL CREMA- 24B DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or	r-county) (State)
Burlal #129/52 mt. Cal	varyant Class Du	w. md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ODDRESS
LOCAL REGISTRAR Huntington Williams Mit	El. Thalstead - 918 N	und Hugs
VS 150	7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2
A9 190		and,

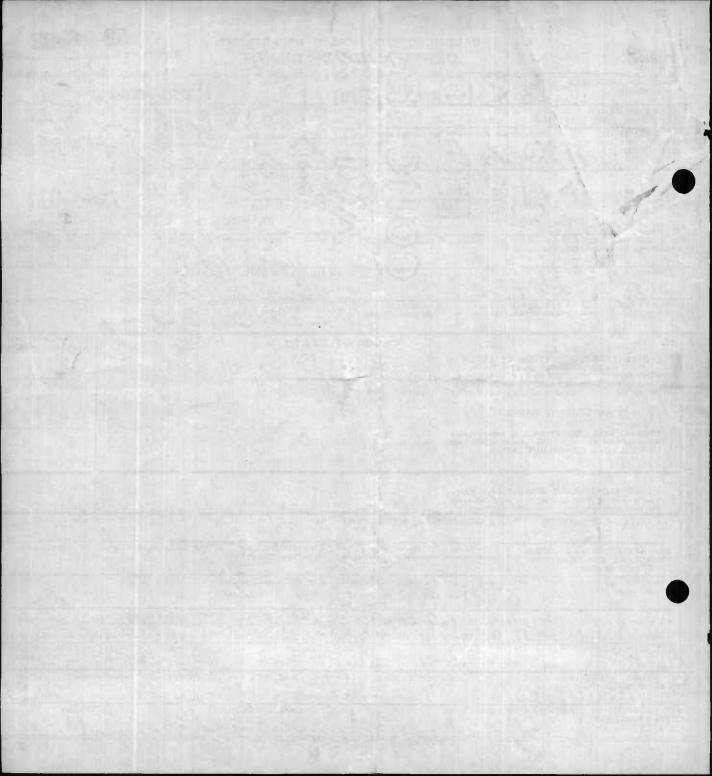


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BIRT	H N	6.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	6892
Registered No	

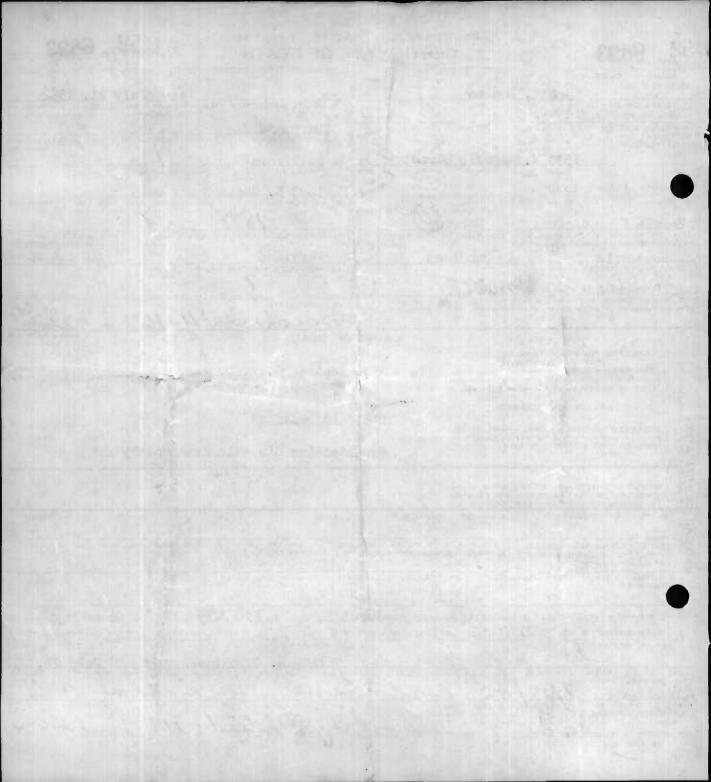
BI	RTH NO.						
(T)	NAME OF O	Lula	Har	rod	1		20,1952
A.		City, Maryland			4. USUAL DESUBENCE	(Whorn deceased lived, A)	nstitution: residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	01	al or instituti	ion, give street address or location)		(If outside corporate live)	
	Length of s	tay in Baltimore	Lil	Yrs. Mos. Days	D. STREET AOORESS (If rural, give location)	na Lane
	SEX	6. COLOR OR RACE		E. MARRIED. ED, OIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (lp/years li last birthday) Mon	Under 1 Year If Under 24 Hours of Days Hours Min.
10.	A. USUAL OC	CUPATION (Give kind of of working life, even if petired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
_2	Mem.	plused		INDUSTRY	mary	and I	WHAT COUNTRY?
13	nes	Har	rod		14. MOTHER'S MAJOEN	Harr	is
15. (Yes	, no or unknown)	D EVER IN U.S. ARMEI (If yes, give wer or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Sessie &	Jarrod- Al	DDRESS
	18. 3.	YX I		CAUSE	OF DEATH .		INTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DEAT	TH	Her	inflooria		17
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or	ANTECEDENT CAUS		.) DUE TO			
Z	DICTACE			(B)	***************************************		
TION	RISE TO T	OR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION LA	STATING TH				
FICA				(C)			
TIF	OTHER S	II IGNIFICANT CONDI	TIONS CON				
CERT	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, g	YES NO Live exact location)
MED	LYING OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	eto.) INJURY OCCUR?		
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?	
			m.	WHILE AT NOT WHILE		20 5	
	22. I hereb	y certify that I att	1-		15 ,195 200 PM	19 19	, that I last saw the
	23A. SIGNA		, 19	and that death/occur	23B. AOORESS	the causes and on the	23c. DATE SIGNED
24	A. BURIAL, (S	REMA 248 DATE	/ 1	M. D.	RY OR CREMATORY 24D.	COCATION (City, town,	
_	Duris	1/26	152	mt: au	where n	asport	ma.
	CAL REGIST		s signatury	Wil.	a. Halster	ad - 918 A	ADDRESS KILL
-	VS 150		,001	- water Mas	0 6 8 8 9	1	are,



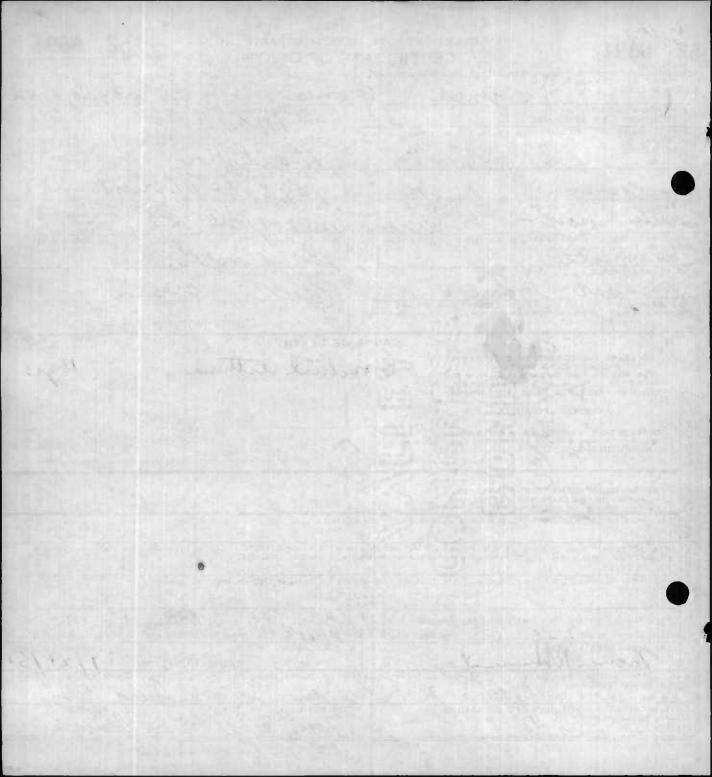
52 6893 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.							
1. NAME OF DECEASED (Type or Print)	2. DATE OF						
Sealy, Louise	DEATH July 21, 1952						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
1633 E. Madison Street	Baltimore						
ength of stay in Baltimore Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 1633 E. Madison Street						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years II Buder I Year I II Bader 24 Hours						
Female Colored Married (Specify)	1898 last birthday) Months Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
work dooe during most of working life, even if retired)	WHAT COUNTRY?						
Housewife Own home	Maryland 14. MOTHER'S MAIDEN NAME						
Telliam Smith	?						
15. WAS DECEASED EVER IN U. S. ÁRMED FORCES? 16. SOCIAL (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	TY. INFORMANT ADDRESS						
SECORITI NO.	Joseph Seall-1633. E. makitin						
18. VAN CAUSE C	DE DEATH						
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
LEADING TO DEATH	tensive C. V. D.						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES	tes Mellitus						
O DISEASES OR CONDITIONS, IF ANY, GIVING	tes metri tus						
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.							
ONDERLYING CONDITION LAST. (c)	tensive Diabetic Retinopathy						
L.							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?						
X	YES NO X						
Z1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, etreet, office bidg., et							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE MORK AT WORK	WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from Marc	h 24, 19 49 to July 21, 1952 that I last saw the						
deceased alive on July 21, 1952, and that death occur	red at 10. 12 Am., from the causes and on the date stated above.						
	3B. ADDRESS 23c. DATE SIGNED						
1 C Worldy & M.D.	1100 N. Caroline Street July 22,1952						
24A. BURIAL, CREMA- 24B. DATE ZAC. NAME OF CEMETER	RY OR CREMATORY 2 D. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
LOCAL REGISTRASS Turtington Williams Mi	60. Halstead - 918 Aried Dierre						
VS 150	6870						

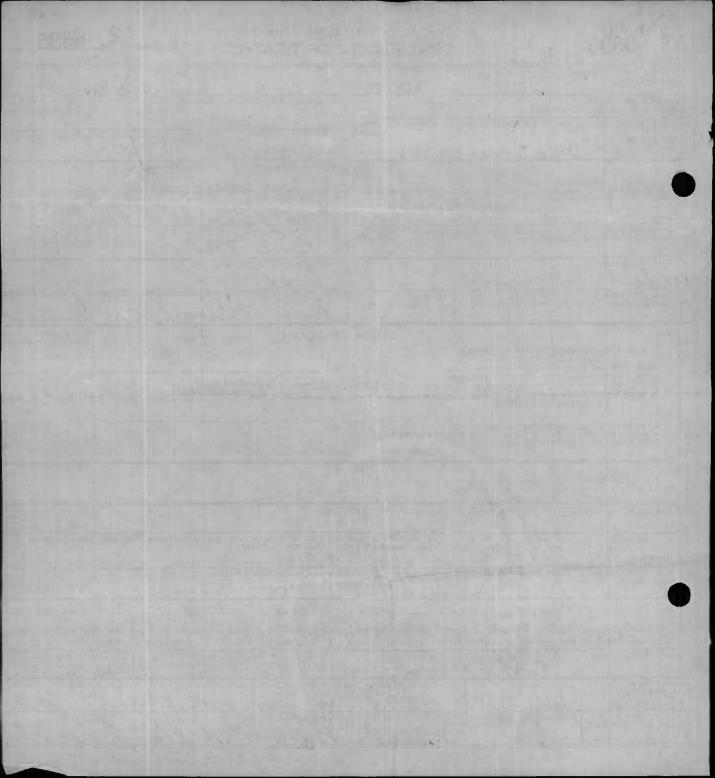


	520	BALTIMORE CITY HE	EALTH DEPARTMENT	52 6204	
) (C	C 6894	CERTIFICAT		Registered No. 6894	
	NAME OF DECEASED / W94	mia +	ones	2. DATE ply 20, 1/5-	2
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere decrased lived. If institution: residence B. COUNTY before admiss	
H	FULL NAME OF (If not in hospital or in: OSPITAL OR ISTITUTION	stitution, give street address or location)		itside corporate Units, write RERAL and	
	JOHNS HOPKINS	HOSPITAL Yrs.	D. STREET ADDRESS If ru	rot, Avy location)	1
- F	Length of stay in Baltimore	10 ms, Mos. Days	1018 4.	Mount St	
Zi		NGLE, MARRIED, DOWED, DIVORCED (Specify)	CAPAL 14 1924	9. AGE (In years Months Days Hours Months Days Hours M	
10 worl	done doring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		ign country) 12. CITIZEN OF WHAT COUNT	rry
13	B. FAZHER'S NAME		14. MOTHER'S MAIDEN NAM	a,	
15	WAS DECEMBED EVER IN WE ARMED FORCE	ES? 16. SOCIAL	Gauline.	Worsey	
(Ye	(If yes, give war or dates of servi	SECURITY NO.	JOHNS I	ADDRESS HOPKINS HOSPITAL	
	18. 24/X	CAUSE	OF DEATH	INTERVAL BETW	
	DISEASE OR CONDITION DIREC	12-2-	hial arthur		
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the	discase,			
	injury or complication which caused	death.) DUE TO			
	injury or complication which caused ANTECEDENT CAUSES	death.) DUE TO			
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY,	(B)			
CATION	ANTECEDENT CAUSES	(B)			• • • • • • • • • • • • • • • • • • • •
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	GIVING (B)			
ERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	(B)			•••••
RTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIM UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSE	(B)		20. AUTOPSY	
L CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RITO THE DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA	GIVING GIVING NG THE DUE TO (C)	RATION	20. AUTOPSY YES NO	Y ?
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) CAROLYN WINGATE DEATH July 21, 3. PLACE DF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) i'f not in hospital or institution, give street address or Maryland B. FULL NAME OF HDSPITAL OR (If outside corporate limits, write ILUXAL and give c. CITY OR TOWN INSTITUTION township) Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Days Shuter Street 9. AGE (in years If Under 1 Year In Union 27 nounce Last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDDWED, DIVDRCED (Specify) female colored <u>/</u>__ 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS DR BIXTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Septicemia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Staph. albus (hemolytics) injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an _ autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes Tx accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-24B DATE 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. EUNERAL DIRECTOR APDRESS

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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	
1. NAME OF DECEASED	LO PATE
	2. DATE OF 7/9
(Type or Print) Will MODIE	DEATH //AJ/S/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in vitution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR . location)	C. CITY OR TOWN (If outside corporate limits write RUKAL and give
INSTITUTION (township)
Trank IIA SHURTE HACK	Daltimore)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	1713 F (31.40)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BJRTH 9. AGE (In years If Under I Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
	10/7/1892 53
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	WHAT COUNTRY?
12 DOI), young	South Catolina Mak
13. FATHER'S NAME / LICONICE (M)	14. MOTHER'S MAIDEN NAME
Town many a carry	Hattie Factor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	114 1 11 103 1 7 7
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT PU . ADDRESS MA.
yes world was the	May L. James Claw 1713 Elling &
18. 2 2 LV CAUSE C	OF DEATH
ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
injury or complication which caused death.) Due to Accident	
ANTECEDENT CAUSES	
(B) GREET OF CONDITIONS (B) GREET 126 OF THE OSCIETASIS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
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(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
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E CAUSE OF DEATH	
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m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 195, to 195, that I last saw the	
deceased alive on 7/22, 195 and that death occurred at 2 m., from the causes and on the date stated above.	
23A. SIGNATORE / 23C. DATE SIGNED	
West of the last of the last of the last	
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, low) or county (State)	
TION REMOVAL (Specify)	
Kemine July 25/52 (hester & C.	
DATE RECEIVED BY AGISTAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	
LOCAL REGISTRAR	
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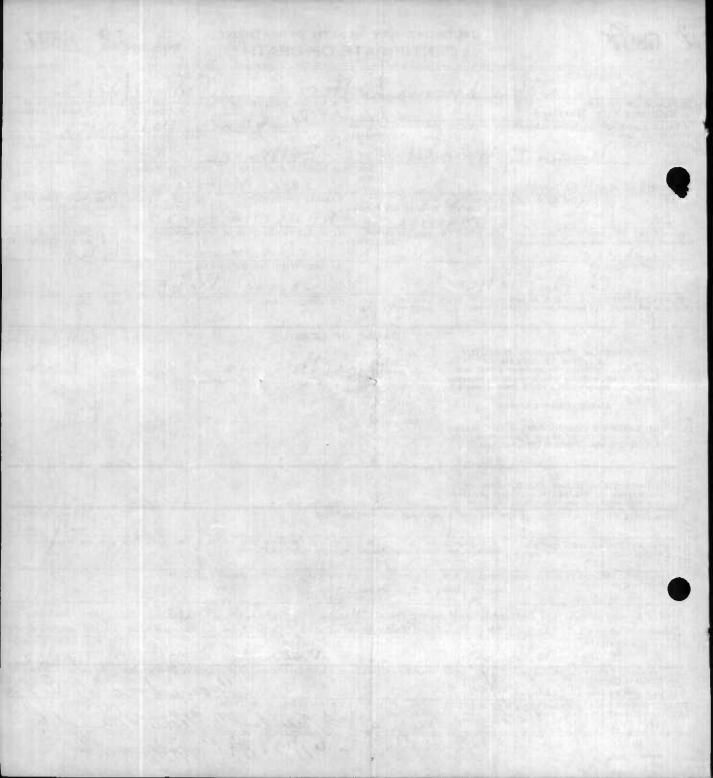
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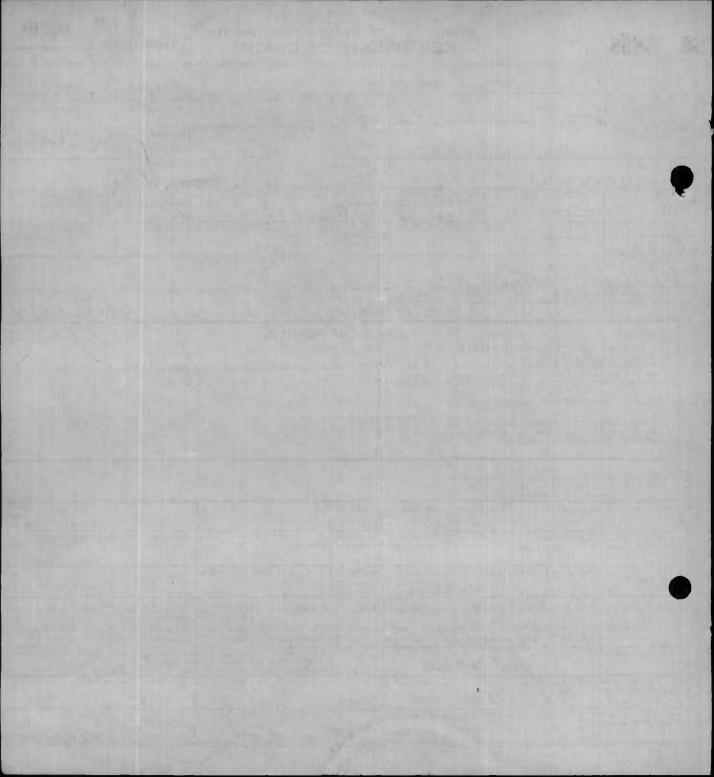
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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	0001			CERTIFIC	ATI	E OF DEATH	Registere	d No.	
	RTH NO.	ECEACED					10.0475		
	NAME OF D	Joh	n di	NCINS S	Se	llers	2. DATE OF DEATH	23 52	
3.	PLACE OF E	City, Maryland				4. USUAL RESIDENCE	(Where deceased lived		: residence ore admission)
	FULL NAME		al or institut	ion, give street addr	ess or	NA I	11 12 17	14046	
H	SPITAL OR STITUTION				ation)		(If outside corporate		RAL and give
	1	Unweart	pos	enter		Baltimo.	ce H	-06	township)
	Y		1		Yrs.	D. STREET ADDRESS			
k	length of s	stay in Baltimore			Mos. Days	322 N.	Green &	*	
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (S	necify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days	Hours Min.
	M	C	4 4	Brried	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Feb 14 1915	37		
10	A. USUAL OC	CUPATION (Give kind of nf working life, even if retired)	108. KIND	OF BUSINESS C		11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF
	Lahi			Sen	311(1	S. Curol	iner	h.s	
13	. FATHER'S	_				14. MOTHER'S MAIDEN	NAME		
		Charles S	eller	5		Cassie	Webb		
15	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL		17. INFORMANT		ADDRESS	
(10	No	(x1 yos, give war or date	8 O1 801 V 820)	SECURITY I	NO.	MITTER OF A			
	18. 7	7 5 9		CAU	SE	OF DEATH			VAL BETWEEN
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	heart failt	re, asthenia, etc. It mea	ns the diseas	e,		**************************************	····		
	anjury or			., 502 10				4019	
7		ANTECEDENT CAUS	ES	(8)					
ő		S OR CONDITIONS, I			******	***************************************			
FA		THE ABOVE CAUSE (A) YING CONDITION LA							
Ü				(C)		_	**** ****	********	
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FR		SIGNIFICANT CONDI							
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7	ISA. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF	OPER	RATION		YES YES	NO NO
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K	F INJURY			WHILE AT NOT	WHILE				
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	22. I herel	by certify that I att	ended the	deceased from_	-H	73, 19 52 , to rred at 10, m., from 23B. ADDRESS	723 5 1, 19	, that I	
	deceased a	live on 7 23 5 2	_, 19	and that death	occur	rred at 1 m., from	n the causes and or		
	23A. SIGNA	Kinne HS	war.			Marianata.	ldraw.	7/2	ATE SIGNED
24	A. BURIAL.	CREMA- 248. DATE	/	24C. NAME OF CE	D.] METE	RY OR CREMATORY 24	LOCATION (City, to	wn, or county)	(State)
ᅫ	REMOVAL		1/50				1		P
14	ATE RECEIVE	ED BY REGISTRAR	SEIGNATI	IRF •		25 FUNERAL DIRECTO	rener	ADDRES	<u>.</u> .
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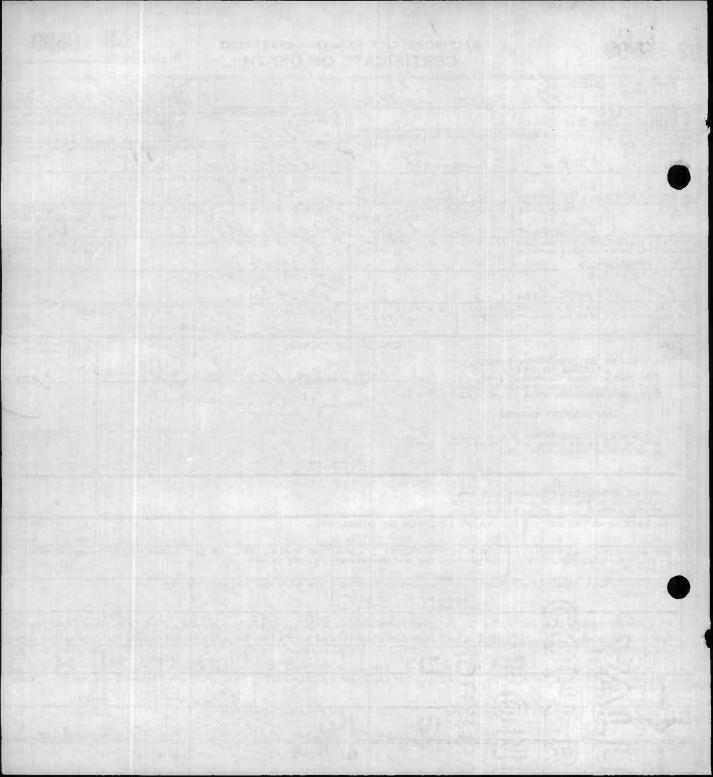
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BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.	CLIVIII ICATE	OF BEATTI		
	NAME OF DECEASED Magaci	e Freen	V	2. DATE OF DEATH	ly 23,1952
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased Aved. I	f inditution: residence before admission)
HC	FULL NAME OF (If not in hospital or institution) ISTITUTION	ition, give street address or location)	c. CITY OR TOWN (If	outside corporate l'mi	its, write IVU AL and give
- 1	18296. Eag	yrs.		rural, give location)	0 10000000
c.	Length of stay in Baltimore 2 2	Mos. Days	1829 € €	- 0-	
5.	6. COLOR OR RACE 7. SINGLE WIDO	E MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Onths Days Hours Min.
	A. USUAL OCCUPATION (Givekind of kdooe during most of workiog life, even lifretired)	D OF BUSINESS OR INDUSTRY	11. BUTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1
	Estect Holloway		mollie?		
(Yee	6. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give wer or dates of service)	SECURITY NO.	17. INFORMANT	en	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES	E., Churcu	is Cardin- T	mal	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.				
CERTIF	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE OEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	rEO .			
L		R FINDINGS OF OPER	ATION		20. AUTOPSY?
CA					
EDICA		ACE OF INJUDY / !-	- Late Willens Dip //	If in Daltimana Cita	YES NO
- 1		ACE OF INJURY (e. g., in , farm, fectory, street, office bldg., et		If in Baltimore City,	
M	LYING OR CONTRIBUTING ebout home	a, (arm, fectory, street, office bldg., et	tc.) INJURY OCCUR?		
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24 TIC	LYING OR CONTRIBUTING ebout home CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) F INJURY m. 22. I hereby certify that I attended the deceased alive on 23A. SIGNATURE 4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify) ATE RECEIVED BY CALL REGISTRAR'S SIGNATORY REGISTRAR	Arm, fectory, street, office bldg., et 21E. INJURY OCCURRE WHILE AT NOT WHILE TWORK TWORK And that death occur and that death occur 22 Ac. NAME of CEMETER	injury occur? 21 f. How did injur 10 , 10 d, to red at 7.4 m., from to 38. Address	y occur? All 23, 19 Ver causes and on	give exact location) Pthat I last saw the the date stated above. 23c. DATE SIGNED 124 12 1, or county) (State) ADDRESS
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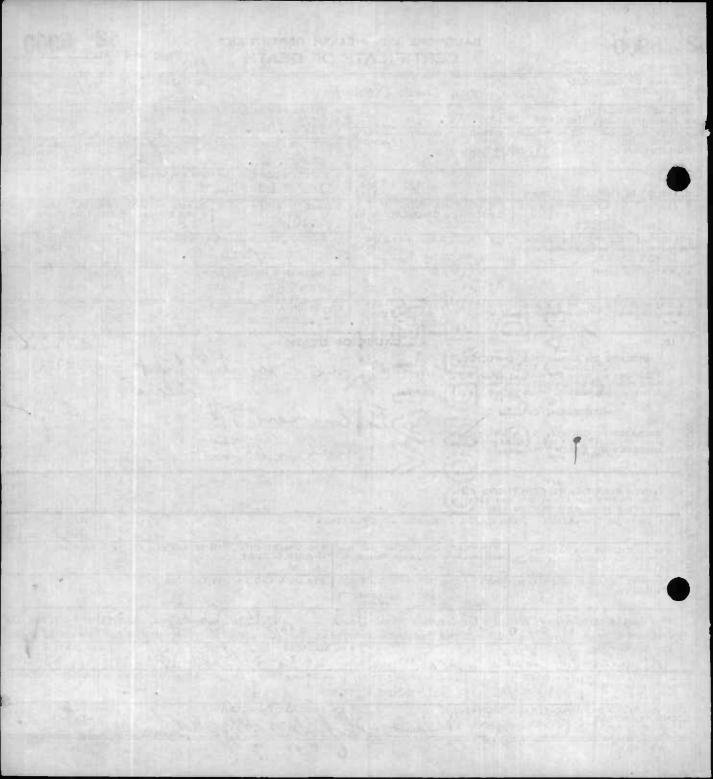


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6900 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Alfred Bryon Loest (Moore)	2. DATE of July 21/52
A. Baltimore City, Maryland Balto. Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR A. STATE Baltimore City, Maryland Balto. Md.	
1109 Wilmot Ct. Balte	o. Md. township)
	ADDRESS (If rural, give location) Wilmot Court
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF MARRIED. WIDOWED, DIVORCED (Specify) Feb.10	last birthday) Months: Days Hours: Min
FORK done during most of working life even if retired)	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	R'S MAIDEN NAME Moore Loest
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 218-81-3117A. Mrs.Ca	therine Moore 1109 Wilmot Court
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) DUE TO (B) DUE TO (C)	congestive heart 33yr. Failure 5 yr.?? Intrition
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	HERE DID (If in Baltimore City, give exact location)
id. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HO The state of the	• • • • • • • • • • • • • • • • • • •
22. I hereby certify that I attended the deceased from Jeb- deceased alive on 19, 19, 52, and that death occurred at 9, 238. SIGNATURE 1238. ADDRES	
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREM	6 E / Salto S 7/23/52
Burial July 24/52 Baltimore cem.	Balto. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 28 FUNER COCAL REGISTRAR Tuntington Williams My 100	AL DIRECTOR ADDRESS 2024 Orleans St.
VS 150 732 8K6 8/	97



3	0	0
52		6901

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6901

В	RTH NO.							
(T	NAME OF C	Wood T	Pabert	Edward		DI	OF EATH	423,1952
3. A.	Baltimore	City, Maryland	altimo	re Maruland	4. USUAL RESIDEN		eceased lived. I	f institution: residence before admission)
H	FULL NAME	OF (If not in hosp	ital or institut	ion, give street address		(If outside	cornorate im	ns, write t URAL and give
TIV	STITUTION	-11- T.	.0	1 Mal	B-14.	(11 Outside	eor por ate vini.	township)
7	CAME A WA	TAKAL TPIS		Yrs.	D. STREET ADDRESS	S (If rural, g	ive location)	
C.	Length of s	stay in Baltimore	3040	Mos. Day	700 W.	Loth St		
5.	SEX	6.COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specif	B. DATE OF BIRTH			If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
4	lale OC	CUPATION (Give kinds	Sing	او	June 1, 1901	5	yrs.	
		of working life, even if retired		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Sta	ate or foreign c	ountry)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	1	Censo.	14. MOTHER'S MAID	PEN NAME	and	1 U.S.A.
_	+	1-01 1=-	11/00/		-1 211	11:	•	
		ED EVER IN U. S. ARM		16. SOCIAL	17. INFORMANT	DEAILE	2172	ADDRESS
(10	, no or unknown)	(If yes, give wer or da	les of service)	SECURITY NO.	Mrs. Mabel A	A. Barra		
	18. 1/2	2.1.			OF DEATH			INTERVAL BETWEEN
7	DISEA	SE OR CONDITION	DIRECTLY	1	5 014	1		A Mall
		s not mean the mode	of dying, e. g	رر حومه	and Iron	ma	7-6	stout I hou
			ans the diseas	A	. 4 4-			
		complication which	eans the diseas caused death	e, DUE TO ATE	insluti a	asoliv >	nos les	one system -
			caused death	DUE TO A TE	Lal Hen,	anding &	hos be	30,000
NOI	injury or	ANTECEDENT CAL	caused death JSES IF ANY, GIVIN	IG (B)	Emphali	ti Par	himom	- 30 yans
ATION	DISEASE	complication which	caused death JSES IF ANY, GIVIN) STATING TH	(B) POST	Emphali	ti Par	him	i 30 yans
FICATION	DISEASE	ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A	caused death JSES IF ANY, GIVIN) STATING TH	IG (B)	ivnberti l Enephel	assliv Par	huiom	-30-yens
RTIFICATION	DISEASE RISE TO 1 UNDERL'	ANTECEDENT CAL S OR CONDITIONS, ITHE ABOVE CAUSE (A YING CONDITION I	caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CON	(B) Post	ionbertie C Emphali	assliv V lii Par	huiom	i 30 years
CERTIFICATION	DISEASE RISE TO 1 UNDERL'	Complication which ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION (caused death USES IF ANY, GIVIN) STATING THAST. DITIONS CON T NOT RELATE	(B) OUE TO (C)	ivnberti l Emphali	assliv V liv Par	huisom	i 30 yans
O	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING TO THE D	Complication which ANTECEDENT CAL SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION (II) SIGNIFICANT CONG G TO THE DEATH, BU	caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CON T NOT RELATE IN CAUSING I	(B) OUE TO (C)	Knuphel	awliy V lii Paw	him	20. AUTOPSY?
O	OTHER STRIBUTION	SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I	caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CON I NOT RELATE IN CAUSING I	(B) OUE TO (C) T. FINDINGS OF OPE	RATION	tù Pan		20. AUTOPSY?
MEDICAL CERTIFICATION	OTHER STRIBUTION TO THE COLUMN	SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I SIGNIFICANT COND G TO THE DEATH, BUT DISPASSE OR CONDITION OF OPERATION OF OPERATION DEATH WAS UNDER- R CONTRIBUTING DEATH	caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CONT NOT RELATE IN CAUSING IT 19B. MAJOR 21B. PLA shout home, f	(B) IG DUE TO (C) TO FINDINGS OF OPE ACE OF INJURY (e. g. farm, fectory, street, office bldg	RATION in mr 21c. WHERE DID ,etc.) INJURY OCCURT	(If in B	altimore City,	20. AUTOPSY?
EDICAL C	OTHER STRIBUTION TO THE COLUMN	SOR CONDITIONS. THE ABOVE CAUSE (A TYING CONDITION I SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION DENT WAS UNDER- OR CONTRIBUTING	caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CONT NOT RELATE IN CAUSING I 19B. MAJOR 21B. PLA about home, f	(B) IG DUE TO (C) FINDINGS OF OPE ACE OF INJURY (e. g. farm, fectory, street, office bldg 21E. INJURY OCCUR WHILE AT NOT WHILE	RATION in nr 21c. WHERE DID 1 ,etc.) INJURY OCCURT	(If in B	altimore City,	20. AUTOPSY?
EDICAL C	OTHER STRIBUTION OF LYING OCAUSE OF INJURY	ANTECEDENT CAL SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Yea	caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CONT NOT RELATE IN CAUSING 19B. MAJOR 21B. PLA sbout home, f	(B) IG DUE TO (C) IT TO	RATION in mr 21c, WHERE DID INJURY OCCURT RED 21f, HOW DID II	O (If in B	altimore City,	20. AUTOPSY? YES NO give exact location)
EDICAL C	OTHER STRIBUTION TO THE DESCRIPTION OF THE DESCRIPT	Complication which ANTECEDENT CAL SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I DISCASS OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Yea	caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CONT NOT RELATE IN CAUSING 1 19B. MAJOR 21B. PLA about home, f r) (Hour) m.	FINDINGS OF OPE ACE OF INJURY (e. g. farm, fectory, street, office bldg 21e. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK deceased from J	RATION in nr 21c. WHERE DID 1 (stc.) INJURY OCCURT RED 21F. HOW DID 1	O (If in B	altimore City,	20. AUTOPSY7 YES NO give exact location)
EDICAL C	OTHER STRIBUTION OTHER STRIBUTION 19A. DATE CO 21A. ACCIL LYING OCAUSE OF 1D. TIME FINJURY 22. I hereb	SOR CONDITIONS. THE ABOVE CAUSE (A TYING CONDITION I SIGNIFICANT CONG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION DEATH (Month) (Day) (Yea Day certify that I a clive on June 2	caused death USES IF ANY, GIVIN) STATING TH AST. DITIONS CONT NOT RELATE IN CAUSING 1 19B. MAJOR 21B. PLA about home, f r) (Hour) m.	FINDINGS OF OPE ACE OF INJURY (e. g. farm, fectory, street, office bldg 21e. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK deceased from J and that death occ	RATION in nr 21c. WHERE DID 1 RED 21f. HOW DID 1 complete to the second seco	O (If in B) NJURY OCC	altimore City, UR? 2.3 7, 195 uses and on	20. AUTOPSY? YES NO give exact location)
MEDICAL C	OTHER STRIBUTION TO THE COLUMN	SOR CONDITIONS. THE ABOVE CAUSE (A YING CONDITION IN THE ABOVE CAUSE (A YING CONDITION IN THE ABOVE CANTER CONDITION OF OPERATION OF OPERATION OF OPERATION (Month) (Day) (Year On Certify that I a dive on 1997)	caused death USES IF ANY, GIVIN) STATING THAST. DITIONS CONT NOT RELATE IN CAUSING IT 19B. MAJOR 21B. PLA shout home, for (Hour) m. ttended the 1, 19572.	FINDINGS OF OPE ACE OF INJURY (e. g. farm, fectory, street, office hidden work) 21E. INJURY OCCUR WHILE AT NOT WHILE AT WORK deceased from J and that death occ M. D.	RATION in nr 21c. WHERE DID INJURY OCCURT RED 21f. HOW DID II The state of the s	O (If in B) NJURY OCC to July from the du	altimore City, UR7 23 7, 198 uses and on	20. AUTOPSY7 YES NO give exact location) 7, that I last saw the the date stated above 23c. DATE SIGNED 2723/5-2
MEDICAL C	OTHER STRIBUTION OTHER STRIBUTION OTHER STRIBUTION OTHER STRIBUTION 19A. DATE C 21A. ACCIE LYING OF 10A. TIME FINJURY 22. I hereby deceased a case of c	CREMA- Complication which ANTECEDENT CAL SOR CONDITIONS, SITHE ABOVE CAUSE (A YING CONDITION I SIGNIFICANT CONG TO THE DEATH, BUT DESCASE OR CONDITION DENT WAS UNDER- OR CONTRIBUTING DEATH (Month) (Day) (Yea CREMA- 24B. DATE Specify)	caused death USES IF ANY, GIVIN) STATING THAST. DITIONS CONT NOT RELATE IN CAUSING IT 19B. MAJOR 21B. PLA shout home, for (Hour) m. ttended the 1, 19572.	FINDINGS OF OPE ACE OF INJURY (e. g. farm, fectory, street, office bldg 21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORN deceased from J and that death occ M. D. 24C. NAME OF CEMEN	RATION in mr 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID II rred at 330 a.m., f 238. ADDRESS IE. Class ERY OR CREMATORY	o (If in B) NJURY OCC to July from the du St. Ba	altimore City, UR7 23 7, 195 uses and on the control of the cont	20. AUTOPSY7 YES NO give exact location) 7, that I last saw the the date stated above 23c. DATE SIGNED 2723/5-2
MEDICAL C	OTHER STRIBUTION. OTHER STRIBUT	SOR CONDITIONS. THE ABOVE CAUSE (A YING CONDITION IN THE ABOVE CAUSE (A YING CONDITION IN THE ABOVE CANTON OF THE DEATH, BUT THE DEATH OF OPERATION OF OPERATION OF OPERATION (Month) (Day) (Year On Creman Contribution of Creman Care Manager Care Man	caused death USES IF ANY, GIVIN) STATING THAST. DITIONS CONT NOT RELATE IN CAUSING IT 19B. MAJOR 21B. PLA shout home, for (Hour) m. ttended the 1, 19572.	FINDINGS OF OPE ACE OF INJURY (e. g. farm, fectory, street, office bldg 21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORN deceased from J and that death occ M. D. 24C. NAME OF CEMEN Loudon Park	RATION in mr 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID II rred at 330 a.m., f 238. ADDRESS IE. Class ERY OR CREMATORY	o (If in B NJURY OCC to July from the du St. Bal 24D. LOCATI	altimore City, UR7 23 7, 195 uses and on the control of the cont	20. AUTOPSY7 YES NO give exact location) 7, that I last saw the the date stated above 23c. DATE SIGNED 2723/5-2
MEDICAL C	OTHER STRIBUTING OTHER STRIBUTING OTHER STRIBUTING 19A. DATE C 21A. ACCID LYING OCAUSE OF ID. TIME FINJURY 22. I hereb deceased a 23A. SIGNA BURIAL, N. REMOVAL (S BURIAL	CREMA- SOR CONDITIONS. THE ABOVE CAUSE (A YING CONDITION IN ITS CONTRIBUTING DEATH CONTRIBUTING DEATH CREMA- CREMA- Specify CREMA- Specify CREMA- Specify CREMA- SPECISTRA	caused death USES IF ANY, GIVIN IS ANY, GIVIN IS ANY, GIVIN IS ANY, GIVIN IN CAUSING IT IS MAJOR 21B. PLA shout home, I IT (Hour) m. ttended the 1, 19572.	FINDINGS OF OPE ACE OF INJURY (e. g. farm, fectory, street, office bldg 21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORN deceased from J and that death occ M. D. 24C. NAME OF CEMEN Loudon Park	RATION in mr 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID II rred at 230 a.m., f 238. ADDRESS IE. Class Cem.	o (If in B NJURY OCC to July from the du St. Bal 24D. LOCATI	altimore City, UR7 23 7, 195 uses and on the control of the cont	20. AUTOPSY? YES NO give exact location) 24. that I last saw the the date stated above. 23c. DATE SIGNED 2, 7, 23, 5, 72 n, or county) (State)
MEDICAL C	OTHER STRIBUTION. OTHER STRIBUT	CREMA- SOR CONDITIONS. THE ABOVE CAUSE (A YING CONDITION IN ITS CONTRIBUTING DEATH CONTRIBUTING DEATH CREMA- CREMA- Specify CREMA- Specify CREMA- Specify CREMA- SPECISTRA	caused death USES IF ANY, GIVIN) STATING THAST. DITIONS CONT NOT RELATE IN CAUSING IT 19B. MAJOR 21B. PLA shout home, for (Hour) m. ttended the 12, 19572.	FINDINGS OF OPE ACE OF INJURY (e. R. Farm, fectory, street, office bldg 21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORN deceased from Jane and that death occ M. D. 24C. NAME OF CEMENT Loudon Park JRE	RATION in mr 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID II rred at 230 a.m., f 238. ADDRESS IE. Class Cem.	o (If in B NJURY OCC to July from the du St. Bal 24D. LOCATI	altimore City, UR7 23 7, 195 uses and on the control of the cont	20. AUTOPSY? YES NO give exact location) 24. that I last saw the the date stated above. 23c. DATE SIGNED 2, 7, 23, 5, 72 n, or county) (State)

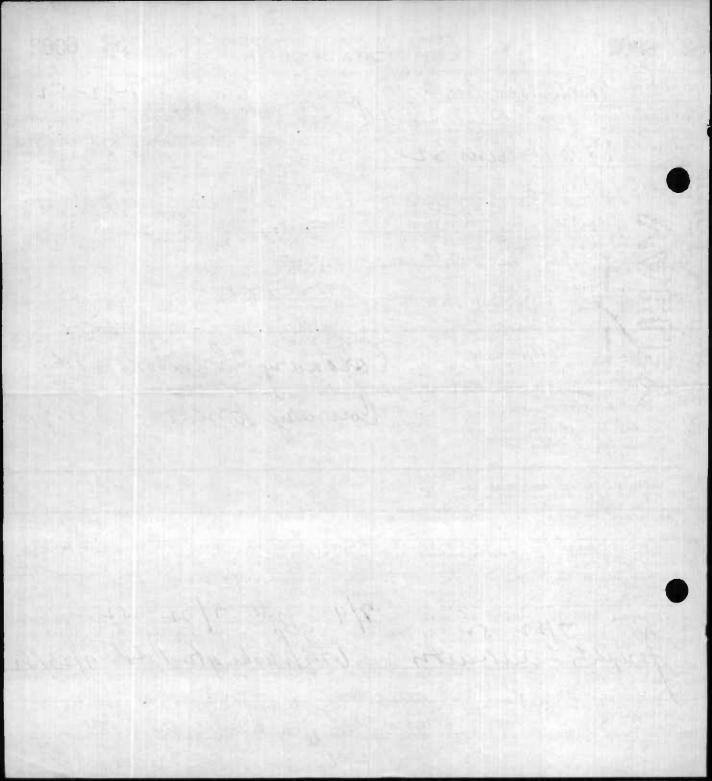
** Careful Cherman Lange about how The Character The Pot Emple Car Park ministry and NOT SHEET TO BUY

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-	2	6902
1	DIDTI	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6902

B	IRTH NO.						
1.	NAME OF D 'ype or Print)	Multon Jo	ohn Se	rby.		2. DATE OF DEATH	-22-52
Α.	PLACE OF D Baltimore (City, Maryland	Ball	Fund Indi	4. USUAL RESIDENCE (WA. STATE	Where deceased lived, I B. COUNTY	f institution: residence before admission)
H	SPITAL OR	5/ 1 1/	1	location)		outside corporate lim	it, write RURAL and give
-	STITOTION	806 Ho	Elins	86.	Baltimore		township)
7				Yrs.	D. STREET ADDRESS (If	rural, give location)	V
C	ength of s	tay in Baltimore		Mos. Days	806 Hollins S	t	
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
	male	white		ED, DIVORCED (Specify)	Sept. 28, 1905	last birthday) N	fonths Days Hours Min.
1 C	done during most o	CUPATION (Give kind of of working life, even if retired)	7	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	-	110 401	paper	Maryland 14. MOTHER'S MAIDEN NA	AME	
	Max J.	Serbe					
15	. WAS DECEASE	ED EVER IN II S ADMET	D FORCES?	16. SOCIAL	Eleanora Kronen		
(Ye	no or unknown)	(If yes, give war or date	a of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_					Mr. Max J. Serb	e - 806 Hol	
	18. 47	011		CAUSE	OF DEATH	9	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEAT		(4)	ran usu 2h	Ding bon	180
Н	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e. g	(A)	con no ny	or rice of G	7000
	injury or	complication which c	aused death	DUE TO			
	The state of	ANTECEDENT CAUS	SES	/0:-	some do	0060	111
Z	DISCAGE	OD GOVERNOVA		(B) CO	wray No	ruse	IN
E P	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	IG IE DUE TO			
Y	UNDERLY	ING CONDITION LA	ST.	(C)			
F					3		
ERTIFICATION	OTHER S	II IGNIFICANT CONDI	TIONS CON				
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	n or 21c. WHERE DID (I stc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
Σ	210. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY			WHILE AT NOT WHILE		,	
	22 7 1	.10 .1 . 7	m.	WORK AT WORK		1/22	0
		y certify that I att	1000		1 0 150 to	, 194	,
	deceased al		, 19	and that death occur	3B ADDRESS /	re causes and on	the date stated above.
2	Acre	nh 5 7 a	Mca	ity M.D.	679 Washing	gton Bly	1 7/23/59
TIC	N. DEMOVAL (S	pecify) 24B. DATE		24c. NAME OF CEMETE	RY OR CHEMATORY 24D. LA	DCATION (City, town	n, or coupty) (State)
_	Materibme	nt 7/26/52		Lorraine Ma		llawn, Md.	1
L	CAU RECIVE	BAR REGISTRAR	All of the same	1/1/11/4	25. FUNERAL DIRECTOR	1. 101	ADDRESS
	JUL 24	1954	lington	Villacus, My	1/me over	Muer 7	SMS
	VS 150	******	1 4	5 136 4	y lo	Enoto 1	7 Mud.
				0 30 7	V		11

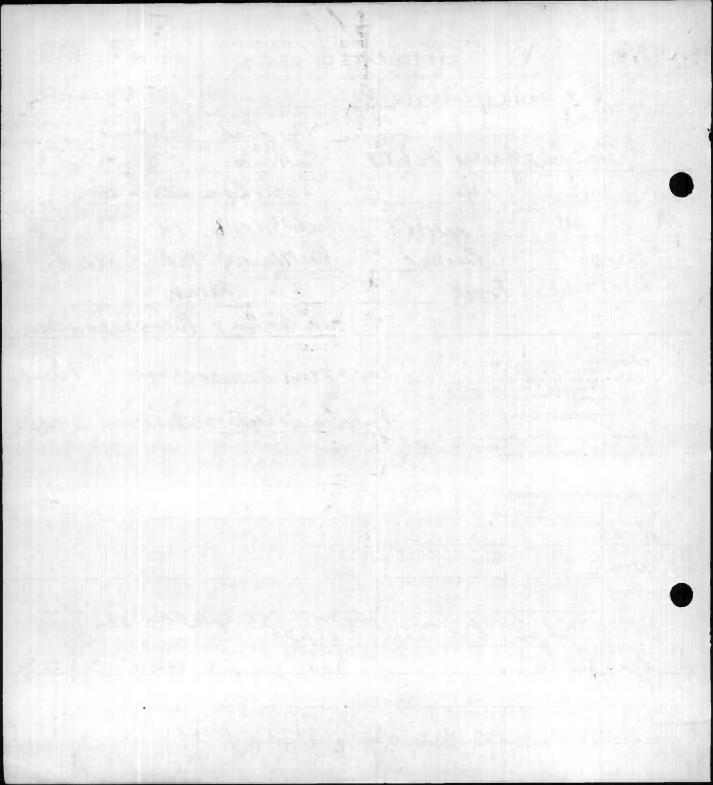


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BALTIMORE CITY HEALTH DEPARTMENT

52 6903

В	IRTH NO.	CERTIF	ICATE O	F DEATH	Register	ed No.
(1	NAME OF DECEASED Type or Print) Drosnak	an, Charles	P		2. DATE OF DEATH	7-22-52
	Baltimore City, Maryland		4. U		here deceased live	d. If institution: residence Y before admission)
	FULL NAME OF (If not in hospit	tal or institution, give street	lass Afan V	Margland		MOTE
11	ISTITUTION Maryland	Jeneral Hope	tal	Baltmon		limits, write RURAL and give township)
	Length of stay in Baltimore	Rife	Yrs. D. S Mos. Days	2336 Eda	rural, give location	
5	6. COLOR OF RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCE	(Specify) 8. D	uch29,1878	9. AGE (In year last birthday	Months Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give hind of a done during foot of working life, even if retired)		SS OR 11. E	Saftimors	reign country)	12. CITIZEN OF
13	Bros nahan	Frenk	14.1	MOTHER'S MAIDEN NA	rah	w.ss.
15	. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL	177 1	NEORMANT	ran	
(Ye	s, no or nnknown) (If yes, give war or date		TY NO. W	fr ItElen V	. Bros	nahan about
	18. 443 X 1		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA	TH	Carel	ra/ Hznu	- haes	Thouse
	(This does not mean the mode heart failure, asthenia, etc. It mea	ans the disease,		· W / //2/111		140000
	injury or complication which	,	11 1 -4	. 0 1	1 7	
z	ANTECEDENT CAU	SES (B)	Hyporte	users Cardor	asulan B	cian 8 years
5	DISEASES OR CONDITIONS, I	IF ANY, GIVING			***************************************	
CA	UNDERLYING CONDITION L					
li.	11	(C)		v	***************************************	
RT	OTHER SIGNIFICANT COND					
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	N CAUSING IT		••••		
7	19A. DATE OF OPERATION	198. MAJOR FINDINGS	OF OPERATION	4		20. AUTOPSY?
ICA	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJUI	RY (e. g., in or 2	Ic. WHERE DID (I	f in Baltimore C	YES NO L
MEDI	HOMICIDE (Specify)	about home, farm, factory, street		NJURY OCCUR?		
	FINJURY (Month) (Day) (Year)) (Hour) 21E. INJURY WHILE AT WORK	OCCURRED 2 NOT WHILE AT WORK	21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I att		000	1952 to Q	ely 22	957 that I last saw the
				t 1125 pm., from ti		on the date stated above.
	23A. SIGNATURE	i i		DDRESS		23c. DATE SIGNED
-	ore- In a	es.	м. D.	d. Genera	Q Hory	2. Inle 22'52
Z Tl	4A. BUDAL, CROA- ON, REMOVAL (Specify)		F CEMETERY OR	CREMADORY 24D, LO	OCATION (Cit),	2. Inle 22'52
	4A. BUBAL, CROA- DN, REMOVAL (Specify) Burial 7/25/5	2 Woodla	cemetery or wn Cem	Wood	DEATION (Cit),	own, of county (State)
D	AA. BUZAL, CRUA- DN, REMOVAL, (Specify) Burial 7/25/5 ATE RECEIVED BY DCAL REGISTRAR		cemetery or wn Cem	CREMATORY 240, LO		2. Inle 22'52
D	4A. BUDAL, CRUA- DN, REMOVAL (Specify) Burial 7/25/5 ATE RECEIVED BY DCAL REGISTRAR 2 4 1952	2 Woodla	cemetery or wn Cem	Wood		own, of county (State)
D	AA. BUZAL, CRUA- DN, REMOVAL, (Specify) Burial 7/25/5 ATE RECEIVED BY DCAL REGISTRAR	2 Woodla	cemetery or wn Cem	Wood		own, of county (State)

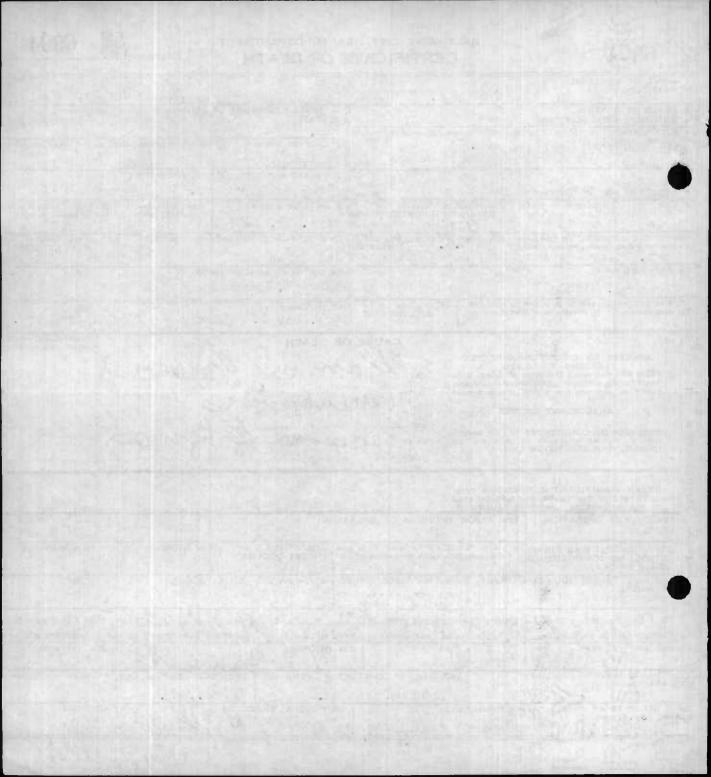


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52 BII	RTH	69()4

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S2 6904 Registered No.

1.	NAME OF DECEAS		EPH E. MITCHELL		2. DATE OF DEATH July	23, 1952
A	. PLACE OF DEATH: Baltimore City, l	Maryland		4. USUAL RESIDENCE (W		
1.1	CODITAL OD	(If not in hospital or inst Guilford Ave	tution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits	, write RIV , and give township)
7			Yrs.	Baltimore D. STREET ADDRESS (If)	rural, give location)	
C	Length of stay in	Baltimore	Mos. Days	3047 Guilford A	ve.	
-		LOR OR RACE 7. SIN	GLE, MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year M Under 24 Hours https://doi.org/10.1001/10.1
		ite N	Married	Aug. 23, 1877	74	rous Days Hours Min.
10	A. USUAL OCCUPA k done during most of working	FION (Give kind of 10B. K	DOF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Supt. Motor		Postal Service	Maryland		
13	FATHER'S NAME	441-27		14. MOTHER'S MAIDEN NA		
11	Joseph C. Mi			Mary E. Hubbard		
(Y	es, no or unknown) (If y	R IN U. S. ARMED FORCES es, give war or dates of service	? 16. SOCIAL SECURITY NO.	Mrs. May A. Mitc	hell - 3047	Builford Ave.
CERTIFICATION	heart failure, astinjury or compl ANTE- DISEASES OR C RISE TO THE ABOUNDERLYING C OTHER SIGNIF TRIBUTING TO THE DISEASE	cean the mode of dying, cenia, etc. It means the discation which caused do CEDENT CAUSES CONDITIONS, IF ANY, GOVE CAUSE (A) STATING CONDITION LAST. II ICANT CONDITIONS THE DEATH, BUT NOT RELOW CONDITION CAUSIN	VING THE DUE TO CAUC (C)	mono go	fymod	20. AUTOPSY?
SAL	19A. DATE OF OPE					YES NO
MEDICAL	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING about he	PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg.,		f in Baltimore City, g	ive exact location)
1	ID. TIME (Month	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m	. WHILE AT NOT WHILE AT WORK		0 0	
	22. I hereby cert deceased alive or 23A. SIGNATURE	32 19 5		rred at 2 15th., Irght th		that I last saw the e date stated above. 23c. DATE SIGNED
	-01	My Ca	M. D.	118 646	00 A	7-23-52
Z TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial	7/26/52	Loudon Park	/	OCATION (City, town,	or county) (State)
	ATE RECEIVED BY OCAL REGISTRAR JUL 2 4 1952	REGISTRAR'S SIGNA	TURE ////	25 FUNERAL DIRECTOR.	Elever 7	ADDRESS
	VS 150	0	1600	20	L101017	and

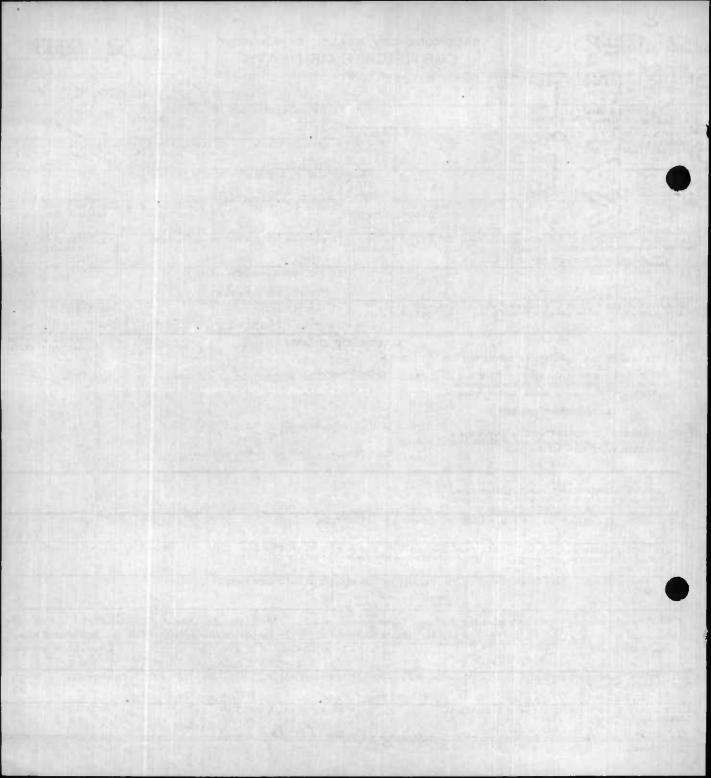


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BALTIMORE CITY HEALTH DEPARTMENT

Registered Ro 6905

1. NAME OF DECEASED (CType or Print) S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL, NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 2021; M. Washington St. Yra. Mos. DISTITUTION 2021; M. Washington St. Yra. Mos. Mos. DISTITUTION 2021; M. Washington St. Yra. Mos. DISTITUTION 2021; M. Washington St. Yra. Mos. Mos. DISTITUTION 2021; M. Washington St. Yra. Mos. Mos. DISTITUTION 2021; M. Washington St. A. STATE Yra. Mos. Mos. Mos. Mos. Mos. Mos. Mos. Mos
3. PLACE OF DEATH: 4. Baltimore City, Maryland 5. FULL NAME OF (If not in hospital or institution, give street address or NOSPITAL OR INSTITUTION 2021 N. Washington St. 5. SEX 6. COLOR or RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekinded of WIDOWED, DIVORCED (Specify)) 10A. USUAL OCCUPATION (Givekinded of Norther life, avail retaired) 10A. USUAL OCCUPATION (If outside curpon or fimits Arite NYRAL and give township) 5. SEX 6. COLOR or RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekinded of Norther life, avail retaired) 10A. USUAL OCCUPATION (If outside curpon or fimits Arite NYRAL and give township) 5. SEX 6. COLOR or RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (If outside curpon or fimits Arite NYRAL and give township) 5. SEX 6. COLOR or RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 10B. KIND OF BUSINESS OR INDUSTRY 10A. USUAL OCCUPATION (If outside curpon or fimits Arite NYRAL and give township) 5. SEX 6. COLOR or RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 10B. KIND OF BUSINESS OR INDUSTRY 10B. THEPLACE (State or foreign country) 11B. BITTHPLACE (State or foreign country) 12B. CITY OR TOWN (If outside curpon or fimits Arite NYRAL and give township) 13B. THE STATE OF SIRTH 9. AGE (II) year. If Under It leave the township) 14B. MACHINE SIRTH 10B. MAJOR FINITED 10B. MAJO
NSTITUTION 2024 N. Washington St. C. CITY OR TOWN (If outside corporation is faite RyRAL and give township) Paltimore S. ELength of stay in Baltimore S. SEX (a. COLOR OR RACE) S. SINGLE, MARRIED, MOS, Days (b. CATE OF BIRTH (b. S. AGE (II) years 10 Most 15 Most
S. STREET ADDRESS (If rural, give location) O. STEET ADDRESS (If rur
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 12. CITIZEN OF WHAT COUNTRY? 10. USUAL OCCUPATION (Givekinded of work logific, weak irretaired) 10. USUAL OCCUPATION (Givekinded of work logific, weak irretaired) 10. USUAL OCCUPATION (Givekinded of work logific, weak irretaired) 10. USUAL OCCUPATION (Givekinded of work logific, weak irretaired) 10. USUAL OCCUPATION (Givekinded of work logific, weak irretaired) 10. USUAL OCCUPATION (Givekinded of work logific, weak irretaired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Sandoe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you can alloward) 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESAGE ON SECURITY NO. 18. Wash 18. Wash 19.
WIDOWED, DIVORCED (Specify) Martied White Married 10A. USUAL OCCUPATION (Givekinded work idea during most of work ing life, even if retired) Linotype Operator 13. FATHER'S NAME Jacob Kitzmiller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown) (If yes, give wer or detea of service) 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE ABOVE CAUSE (A) STATING THE UNDERLYING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION VIDENTIAL BETWEEN OF WHAT COUNTRY? Penna. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Penna. 14. MOTHER'S MAIDEN NAME Margaret Sandoe 17. INFORMANT ADDREBAGOON NETERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH OUR TO ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
10. USUAL OCCUPATION (Givekinded) work done during most of working life, even if retired) Linotype Operator 13. FATHER'S NAME Jacob Kitzmiller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Elizabeth B. Kitzmiller-2021 N. Wash OUE TO ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. ADTEO OF POPERATION 11. BIRTHPLACE (State or foreign country) Penna. 14. MOTHER'S MAIDEN NAME Margaret Sandoe 17. INFORMANT Mrs. Elizabeth B. Kitzmiller-2021 N. Wash ONSET AND DEATH ONSET AND DEATH OUE TO ANTECEDENT CAUSES OUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19. ADTEO OF POPERATION 10. BIRTHPLACE (State or foreign country) Penna. 11. BIRTHPLACE (State or foreign country) Penna. 14. MOTHER'S MAIDEN NAME Margaret Sandoe 17. INFORMANT Mrs. Elizabeth B. Kitzmiller-2021 N. Wash ONSET AND DEATH ONSET A
13. FATHER'S NAME Jacob Kitzmiller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nahown) (Hyes, give wer or detea of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDREBAGEON St. Mrs. Elizabeth B. Kitzmiller-202l N. Wash 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 20 DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION AUSTRALE OF CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION AUSTRALE OF CONDITIONS OF OPERATION 199. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
Jacob Kitzmiller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give wer or detes of service) 16. SOCIAL SECURITY NO. Mrs. Elizabeth B. Kitzmiller—2021 N. Wash 18. CAUSE OF DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION ADDRESS OR CONDITION 198, MAJOR FINDINGS OF OPERATION
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dotes of service) NO 18. CAUSE OF DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY?
(Yes, no or naknown) NO If yes, give wer or detes of service) SECURITY NO. Mrs. Elizabeth B. Kitzmiller-2024 N. Wash CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSYT
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION SCUNTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION
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TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY?
YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1950, to 22, 1957 that I last saw the
deceased alive on 22, 1952 and that death occurred at 950 pm., from the causes and on the date stated above.
23 SIGNATURE Contact Ruly M.O. 3128 Harfred Red 7/2)/12
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Removal 7/25/52 Evergreen Cem. Gettysburg. Pa.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL REGISTRAR'S Huntington WH: 25 FUNERAL DIRECTOR ADDRESS WHO ADDRESS
vs 150 Satto 17, Md.



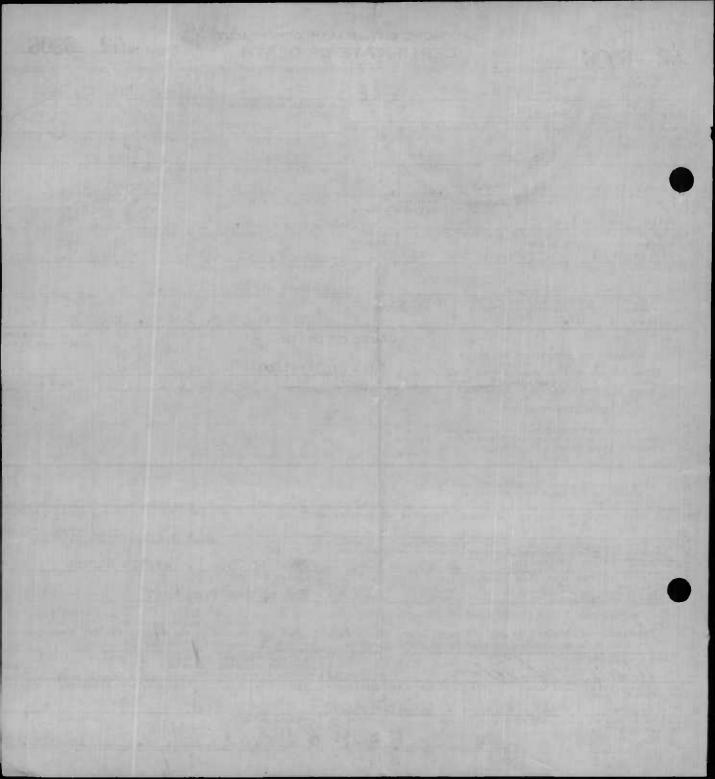
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Inysterans, prease write the causes of death crearry and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Na 6906

BIRTH NO. O	100					
1. NAME OF D (Type or Print)		VM A NT	KELLY		2. DATE OF Tax	1 72 1052
3. PLACE OF D	EATH:	YMAN	KEMUL		CE (Where deceased lived, I	
	City, Maryland	-1 (+(++	4	A. STATE Maryl:	and and	hefore admission)
B. FULL NAME HOSPITAL OR	OF (If not in nospit	al or institut	ion, give street address or location)	c. CITY OR TOWN		ite, write RUWAL and give
INSTITUTION	Franklin S	quare H	osoital	Balti	more	township
	a transmission or		Yrs.	D. STREET ADDRESS	(If rural, give location)	
Length of s	tay in Baltimore	3vear	S. 3mos. Mos. Days	2532	W. Fayette Stree	et
5. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours Ionths; Days Hours Min.
Male	White	VVIDOV	VED, DIVORCED (Specing)	Nov.15,1918	. 30	Duys House Arm
TOA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
Labore		Becker	's Pretzel C	o. South Ca:		U.S
13. FATHER'S			(n)	14. MOTHER'S MAID	EN NAME	
	m W. Kelly			Amanda Fit:	zpatrick.	
15. WAS DECEASI	ED EVER IN U. S. ARME: (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.	No.			Amanda Pog	gie, 25.2 W.Fa	yette st.
18. E 93	1.8		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY				ONSE! AND DEATE
(This does	LEADING TO DEA s not mean the mode		Heat	prostration		
heart failt	are, asthenia, etc. It mes	ans the diseas	se,			
	ANTECEDENT CAU	CFC				
	ANTECEDENT CAO	323	(8)	***************************************		
	S OR CONDITIONS, I		NG			
UNDERL'	YING CONDITION L		(C)			
<u>0</u>						
OTHER S	II SIGNIFICANT COND	ITIONS CO	N -			
TRIBUTING	TO THE DEATH, BUT					
	The second second	·	FINDINGS OF OPER	ATION		20. AUTOPSY'
A P						YES X NO
U 21A. EXTER!	NAL CAUSE WAS	I all a All anneas	ACE OF INJURY (e. g., i farm, factory, street, office bldg., c	tel INTERV OCCUR?		
	AUSE OF DEATH		Alley	Rear of	2536 W. Fayette	Street 2012
	(Month) (Day) (Year	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID II	NJURY OCCUR?	
July 2	2-23, 1952	? m.	WHILE AT NOT WHILE	Exhaustic	on from heat	
22. I certi	fy that I took cha	rge of the	remains described of	bove, held an	Autopsy	thereon and from
		,		Au	topsy, Inspection or Inquiry aid deceased died on t	he day stated above
and de	eath in my opinion	resulted ;	from: natural causes	s 🔲, accident 🔼, su	icide [], homicide [],	undetermined .
23A. SIGNA	TURE /	8-			ICAL EXAMINER 2	
11/4	lique Claren	XX		.D. MEDICAL INVES	TIGATOR	July 23, 1952
24A. BURIAL. TION, REMOVAL (S	CREMA- 248. DATE	.01	24C. NAME OF CEMETE	RY OR CREMATORY 2	24D. LOCATION (City, town	n, or county) (State)
Burial	L July, &			rk	Balto.	Ma
DATE RECEIVE		'S SIGNATI	JRE	25. FUNERAL DIREC	TOR	ADDRESS
10L,Z4	1932 Hunti	sitor 1	1/12 0 12-1	1. Moules	8 1400 E. C	harles, t.
V S 151 AL C	181.3	0	97611	9	- Coly	V
// "	101.01	DED TO SERVICE	1704	7		THE RESIDENCE OF THE PARTY OF T

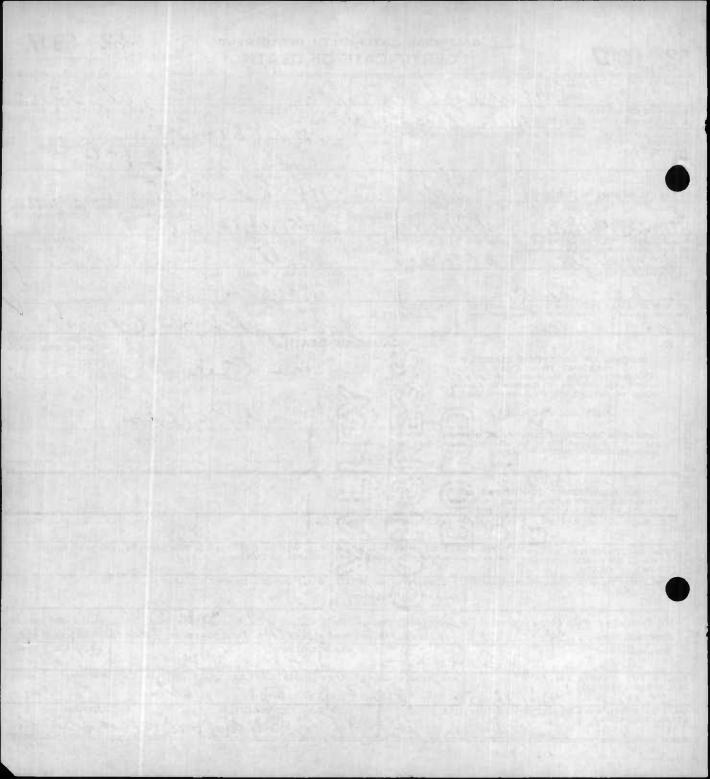


420 52 6907

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6907

BIRTH NO.	
1. NAME OF DECEASED Mangar & A. Zi	leh 2. DATE OF DEATH Quey 22/1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 41 4 Floor At 1516	4. USUAL RESIDENCE (Where deceased fixed, If inditution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate links, write RULA) this give
	Bulto La Cownship)
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under 14 Hours I House Last birthday) Months Days Hours Min.
104, USUAL OCCUPATION (Give kind of 108, KIND OF, BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done do most of working life, even if retired)	Balto WHAT COUNTRY?
13 PATHER'S NAME	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no no	John yelch 414 & know 15
DISEASE OR CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	Now Decompenition
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Z	Me sclerons
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
No.	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	
m, WORK AT WORK	1948, to mly 5 V, 19, that I last saw the
-2. I hereby certify that I agended the deceased from	red at 145 Pm., from the causes and on the date stated above.
	3B. ADDRESS Pawall Y 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, BENOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY DEGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. EUNERAD DIRECTOR ADDRESS
1111 24 1952 Huntington Vollacus, Mys-	1 Joseph & Meso 1400 So harles
VS 150	



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BUR	TH	16:0	

BALTIMORE CITY HEALTH DEPARTMENT Registered No.2

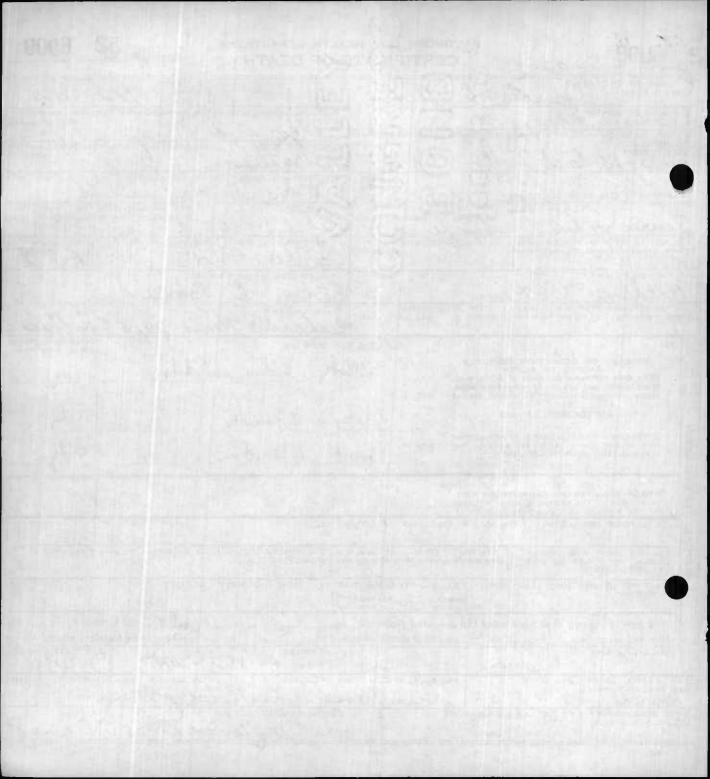
BIRTH NO.	64		CERTIFICAT	E OF DEAT	H	registered .	110
I. NAME OF DI	ECEASED				2. D/	TE	
(Type or Print)	Gera	dien. B	rother F. S. ((Felix Wal	lon) DE	of ATH July	24, 1952
3. PLACE OF DI	EATH: .			4. USUAL RESID	ENCE (Where de	ceased lived. If	institution: residence
A. Baltimore C		tal or institut	ion, give street address or	A. STATE	L	COUNTY	before admission
HOSPITAL OR INSTITUTION	Or (II not in nospi	ai or institut	location)	c. CITY OR TOWN	(If outside	corporate limi	ts, write RURAL and give township
734	St.	Joseph!	s Hospital	Ammendal			60
ength of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDR			6600
5. SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED.	8. DATE OF BIRT	H Post Of	E (in years	If Under 1 Year If Under 24 House
16-7 -	383. 2 A .		VED, DIVORCED (Specify)	12/25/81	laş	birthday) M	onths Days Hours Min
Male I	White	Sin	OF BUSINESS OR	11. BIRTHPLACE (State on familian as		1 10 01717511 05
vork done during most o	f working life, even if retired)	IOB. KINL	INDUSTRY	II. BIRTHPLACE	State or foreign co	untry)	12. CITIZEN OF WHAT COUNTRY
Religio				Ireland			
13. FATHER'S N	IAME			14. MOTHER'S MA	IDEN NAME		
Patrick	Mallon			Ann Mc	Nally		
15. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT			DDRESS
Yes, no or unknown)	(If you, give war or date	os of service)	SECURITY NO.		bers Co.,		le, Paryland
heart failur injury or DISEASES RISE TO TH	LEADING TO DEA not mean the mode or, asthenia, etc. It mes complication which of ANTECEDENT CAUSE OF CONDITIONS, 1 HE ABOVE CAUSE (A.) ING CONDITION LA	of dying, e. 1 uns the diseas caused death SES F ANY, GIVIN STATING TE	(B) Hoat	exhaustion	neumonia		,
TO THE OF	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	T. Ma		austi		
J ISA. DATE OF	F OPERATION 0	9B. MAJOR	FINDINGS OF OPER	ATION .			20. AUTOPSY?
LYING OR	ENT WAS UNDER-		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE E	OID (If in Ba	ltimore City,	YES NO Dive exact location)
21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCL	IR?	
F INJURY			WHILE AT NOT WHILE				
		m.	WORK AT WORK			1 -	10
			deceased from July				
		_, 1952	and that death occur		, from the caus	ses and on t	he date stated abov
23A. SIGNAT	(Aurilia de	P	2	3B. ADDRESS			23c. DATE SIGNED
	0,1,0		M. D.	11,00 N. C.	aroline St	reet	July 24, 199
24A. BURIAL. C TION, REMOVAL (SI burial	Pecify) 7/26/5		Ammondale C		Ammends		, or county) (State
DATE RECEIVED LOCAL REGISTE	1952 REGISTRAR	- Comm		25. FUNERAL DIE	1	D: 1:	ADDRESS le, Mryland
VS 150	N-98113	09 1	2 00788	290	5		

MOT A MEDICAL EXAMINER'S CASE

White Control of Mid.

CHIEF OF ASS THEDICAL EXAMINER

120 BALTIMORE CITY HEALTH DEPARTMENT	52 0000					
CERTIFICATE OF DEATH	Registered No. 6909					
1. NAME OF DECEASED anet E. Revis	2. DATE OF DEATH 7-23-52					
a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital or institution, give street address or Manufacture)	(Where deceased lived, If institution: residence B. COUNTY before admission)					
	If outside corporate limits, white RORAL and give township.					
c. Length of stay in Baltimore Yrs. Mos. Days 24/5 E.	If rural, give location)					
Jemale It hite Single MARRIED, 8. DATE OF BIRTH Single Feb. 6, 1950	9. Act (in years H Under 1 Year last birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or INDUSTRY)	of foreign country) 12. CITIZEN OF WHAT COUNTRY					
Richard It. Revis Plaire E.	Barnstein					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO. Record 17. INFORMANT Record 17. INFORMANT Record 18. Record 18. Record 19. Recor	Pevis - 2415 E. Hoffman &					
18. £ 931.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	thedister (dy					
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	Ida					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ULL LIVERAGE (B) LIVERAGE (B) LIVERAGE (B) LIVERAGE (B)	6.4					
OTHER SIGNIFICANT CONDITIONS CON-						
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH YES NO YES NO (If in Baltimore City, give exact location) INJURY OCCUR?						
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED 21F. HOW DID INJURY OCCURRED AT WORK AT WORK	RY OCCUR?					
22. I hereby certify that I attended the deceased from 12 1, 1951, to	7/3, 1954, that I last saw the the causes and on the date stated above					
SC, Feldin M.D. 1445 6 B.	123c. DATE SIGNED					
24a. BURIAL, CREMA- TION REMOVAL (Specify) 7-25-52 24c. NAME OF CEMETERY OR CREMATORY 24b. Partial 7-25-52	LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR LOCAL REGISTRA	Inc 52435 E. Olivis St					
VS 150						



6	40	
52	6910	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 6910

BIL	TH NO.						
(Ту	NAME OF D	RO:	BERT	LEE CARL			y 23, 1952
A.]		City, Maryland	DUE:		4. USUAL RESIDENCE A. STATE Marylan	B. COUNTY	institution: residence before admission)
HO	ULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)			s, write RUR Land give
INS	HOITUTION	South Ba	ltimon	e General	Baltimo		(township)
		DOUGH Da	I CIMOI	Yrs.	D. STREET ADDRESS (If rural, give location)	
	ength of s	stay in Baltimore		Mos. Days	3208 Eve	rgreen Avei	nue
5. 5	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under 1 Year If Under 24 Hours on the Days Hours Min.
	ale	white	mar	ried	Oct. 21, 189	1 61	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
_	Bookkee	4	Schmi	dt Realter	Pennsylvani		
	Tohn D.				14. MOTHER'S MAIDEN Sarah Frank		
			. 5000500	1			
(Yes,	no or unknown)	ED EVER IN U. S. ARMEI (If you, give wer or date	of service)	16. SOCIAL SECURITY NO.	Mrs. Stella C		ADDRESS
-						arr, occor	Vergreen Ave
	18. E9	3/01		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA	TH	11+	prostratio		71
	heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	e,	Prosiratio	MA.	
	injury or	complication which	aused death	.) DUE TO			
		ANTECEDENT CAUS	SES				
O	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	CLRIIFI(ALION APPROVED	DV
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
2				(C)	Wille	- Likounia	
ERTIFICATION	OTHER 6	II SIGNIFICANT CONDI	TIONS CON		CHIEF OR	ASST MEDICAL EXAMINE	4, 0,
CER	TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	D Pharm	91715	- Committee	48 hrs
				FINDINGS OF OPER	RATION		20. AUTOPSY?
¥.							YES NO
MEDICAL	LYING O	R CONTRIBUTING	about home,	ACE OF INJURY (e. g., i	n or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
ME -	CAUSE OF		(III)	home	ED 21F. HOW DID INJU	werge	en letter 4
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		1 1	
		1	75 Jun.	WORK AT WORK		me lo h	
					July 22, 1952, to		
-	deceased a		2, 19 5 2		rred at 5 Am., from	the causes and on	the date stated above.
	ZSASIGNA	mald	-do	1 - M.D.	6077 Hay	and Rd	7-34-52
24	A. BURIAL,	CREMA- 248. DATE		24C. NAME OF CEMETE		LOCATION (City, town	n, or county) (State)
TIO	N, REMOVAL (S Buria)	1 100 100 11	52	Baltimore N	ational B	altimore, M	aryland
	TE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTO		ADDRESS
1	1111 2 A	1952 Hunting	ston W	elliacus M.D.	Leonard J. Ru	ck, 5305 Ha	rford Road.
-	VS 150	luds 0		052	-		
	11	- 9812		2107	14		

THE REPORT OF THE PARTY OF THE PARTY.

11 /	00	
52	6911	

CERTIFICATE OF DEATH Registered No. 6911 BALTIMORE CITY HEALTH DEPARTMENT

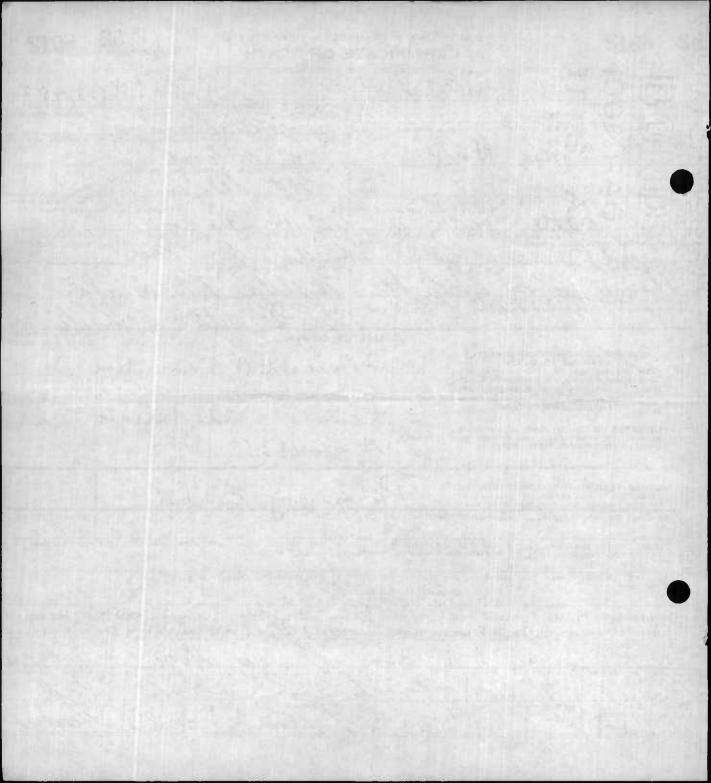
ВІ	RTH NO.			CERTIFICATI	OF DEATH			
1. NAME OF DECEASED 2. DATE								
(1	ype or Print)	WIL	LIAM	FREDERICK	RAPP	OF Jul	y 23,	1952
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE	(Where deceased lived, I	f institution	: residence	
			al or institut	ion give street address or	A. STATE Maryland B. COUNTY before admission)			ore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				c. CITY OR TOWN	(If outside corporate lim	its, write RU	RAL and give	
IN	STITUTION	3014 Was	ver Av	renue	Baltimore township)			
4		0011 1160		Yrs.	D. STREET ADDRESS		4	
		1 (D-14)		Mos.		er Avenue		
-	sength of s	tay in Baltimore	T CINCI	Days	8. DATE OF BIRTH		M Haday I Vaca	I Under 24 Hours
				E. MARRIED. VED, DIVORCED (Specify)		9. AGE (In years last birthday) N	If Under 1 Year Ionths Days	
	male	white		.ngle	Feb. 15,1875			
		CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF T COUNTRY?
	hetir		H. Do	ckman Co	Baltimore, N	aryland	1	
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME			
	John I	app			Anna Margare	t Weber		
15		ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT			
(You	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			ADDRESS	
-				215-05-3208	Miss Anna C.	нарр, 3014		
	18. 43	3.0 and E	9319	CAUSE	OF DEATH			VAL BETWEEN
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., (A) HEBITATION / DAY							DAY
	heart failu	re, asthenia, etc. It mea complication which	ns the diseas	se,		•••••••••••••••••		
	injury or	comprication which c	Auseu deau	1.) DUS-70			27	
		ANTECEDENT CAUS	ES					
N	DISEASES OR CONDITIONS, IF ANY, GIVING							
					4-00=	2	Maga	
S	UNDERLYING CONDITION LAST. (c) COMPLETE HEART 2 YRS							
Ī.		-		,		NEU		
ERT	OTHER S	II SIGNIFICANT CONDI	TIONS CO	N. //_				
ш		TO THE DEATH, BUT			AT PR	STRATIO,	N	
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA							AUTOPSY?
7							YES	No []
EDICA	21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, gi							
0	E CAUSE OF BEATH							
Σ								
F	F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?		
B.			m.	WHILE AT NOT WHILE		11		
	22. I hereby certify that I attended the deceased from 1946 19, to 7/24/5219, that I last saw the							
	deceased alive on 7/2, 1952 and that death occurred at 3 m., from the causes and on the date stated above.							
	23A. SIGN	TURE	, 10	2	3B. ADDRESS	Toro data on		TE SIGNED
	-111	Thank	an	2 M. D.	4331 140	LOID RO	7/2	3/12
124	A. BURIAL,	CREMA- 24B. DATE		24c. NAME OF CEMETE		LOCATION (City, tow	n, or county)	(State)
TIC	N, REMOVAL (S Buria		50	Western Cer	netery F	Baltimore, M	onvilor	13
-								
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS							
	JUL 24 1952 Huntunglov Wallagus My Leonard J. Ruck, 5305 Harford Road.							
	VS 150 9							
	11 -	- 981.3						
	/ Y							

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

2	430 6012 BALTIMORE	CITY HEALTH DEPARTMENT	52 6042
BI	CERTIF	FICATE OF DEATH	Registered No.
	NAME OF DECEASED William & Sch	ulte	2. DATE OF DEATH LULY 23.1952
	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (WI	nere deceased fied. If in titution: residence B. COULY before admission)
H	FULL NAME OF (If not in hospital or institution, give stree OSPITAL OR STITUTION		outside corporate limits, write RURAL and give
4	Sinal Mes P	Yrs. D. STREET ADDRESS (LG)	mare township)
	ength of stay in Baltimore	Mos. Days 3705	ural, give location)
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORC	. J. B. DATE OF BIRTH	9. AGE (In years H Under I Year H Under 24 Hours Months Days Hours Min.
worl	A OSUAL OCCUPATION (Give kind of 10B. KIND OF BUSINI the option of working file, even if repired)	ESS OR III. BIRTHPLACE State or for	reign country) 12. CITIZEN OF WHAT COUNTRY?
13	Henry I'm Laly	14. MOTHER'S MAIDEN NA	Mosdus lh
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you, give war or dates of service) 16. SOCIA SECUF	RITY NO. 17. INFORMANT PORT	La Sellette Dans
	7 20.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	Ingo cardial I	in farction
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	V	
7	ANTECEDENT CAUSES	Coronory O	eclusion
TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
FICATION	UNDERLYING CONDITION LAST.	122 (01)	
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pulmonary Em	aboli
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJU LYING OR CONTRIBUTING about home, farm, factory, atre		in Baltimore City, give exact location)
ME	CAUSE OF DEATH	OCCURRED 21F. HOW DID INJURY	OCCUP?
	FINJURY MUREAT WORK	NOT WHILE AT WORK	OCCURY
	22. I hereby certify that I attended the deceased f		uly 23, 19 5, that I last saw the
	deceased alive on 104 23, 195 2 and that de 23A. SIGNATURE	eath securred at form, from the	e causes and on the date stated above.
_	I come & Colb	GEMETERY OF CREMATORY 24D. LO	Hory (City, town, producty) (State)
	on PEMOVAL (Specify)	25 GUILLE L	Fold Tal
	ATE RECEIVED BY REGISTRARYS SIGNATURE	25. MERAL DIRECTOR	ADDRESS
1	VS 150	- MY ON SINUESE	2303 Stayorx
		29024	



Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired) truck driver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

6. COLOR OR RACE

S. SEX

mele

13. FATHER'S NAME

(Yes, no or unknown)

ā

Harry W. Zeger

University Hospital

7. SINGLE, MARRIED

arripa

10B. KIND OF BUSINESS OR

16. SOCIAL

DUE TO

DUE TO (C)

SECURITY NO.

20. AUTOPSY

2. DATE DEATH July 23, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) Pennsylvania C. CITY OR TOWN (If outside corporate limits, write RURAL and give Waynesboro D. STREET ADDRESS (If rural, give location) Yrs. Mos. Days 717 Maple Avenue 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year ast birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) March 10. 1908 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTR Mercersburg, Pa. 14. MOTHER'S MAIDEN NAME Ella Harsh 17. INFORMANT CAUSE OF DEATH ONSET AND DEATH (A) Crushing injury of chest and pelvis

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. Reisterstown Road and Delight Ave. 5300 road

21F. HOW DID INJURY OCCUR? Driving truck that 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2:00 collided with Balto. Transit bus WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry

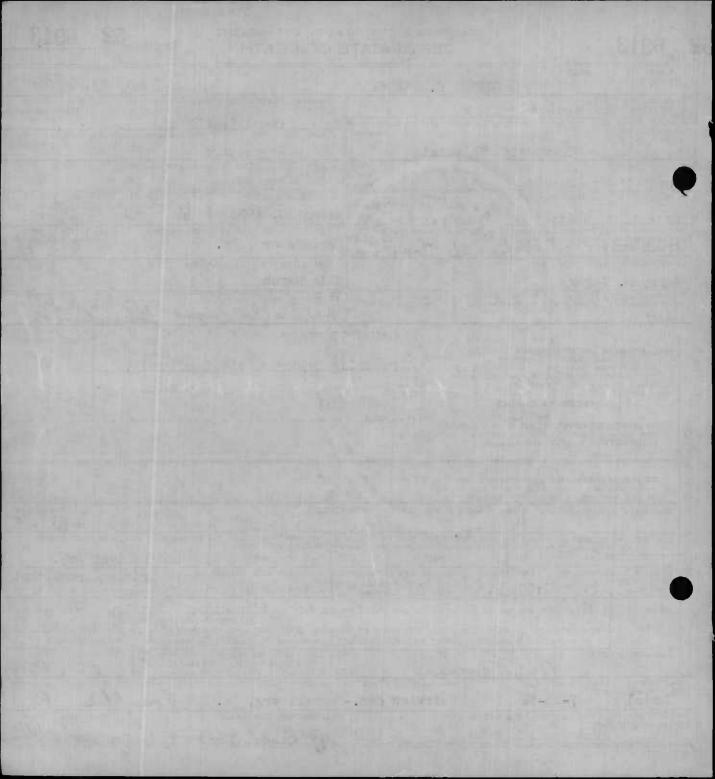
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \boxtimes , suicide \Box , homicide \Box , undetermined \Box . 23A. SIGNATURE

238. CHIEF MEDICAL EXAMINERY 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR

24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 7-26-52 Fairview Cem. - Mercersburg. Burial

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL REGISTRAR

VS 151



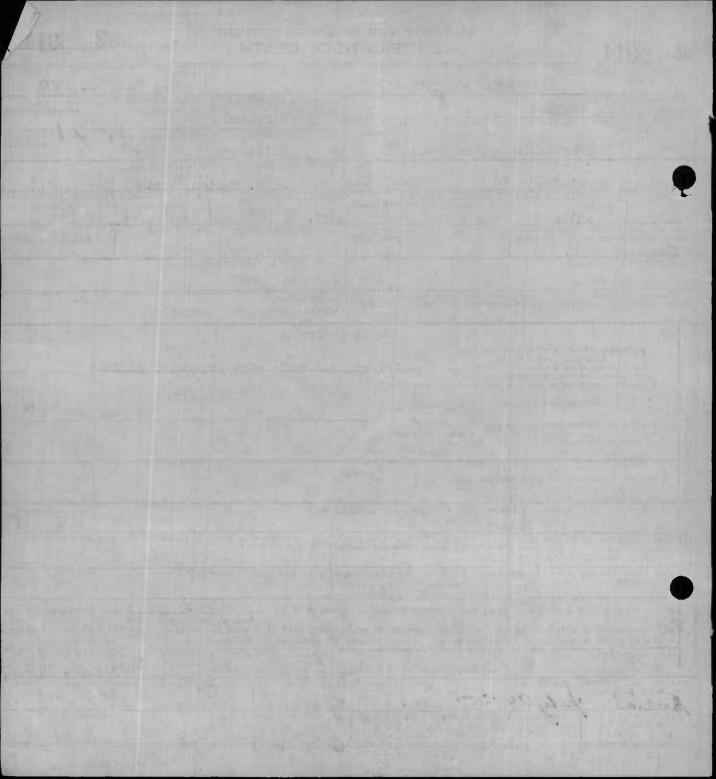
56	
BIRTH	6914

content age is especially important. Thysicians: piease write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6914

BURTH NO.	(.4					
1. NAME OF (Type or Print			Lavar E E III		2. DATE OF Tester C	1050
TRVIN KAHN				DEATH JULY LL, 197K		
a. Baltimore	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
B. FULL NAM!	E OF 'f not in hospit	al or institut	ion, give street address or location)			
INSTITUTION	Franklin	Square	Hospital	c. CITY OR TOWN (If outside corporate limit, write RUKAL and give township) Baltimore		
		-1	Yrs.	o. STREET ADDRESS (If rural, give location)		
Length of	stay in Baltimore		Mos. Days	24 N. Fult		
SEX.	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Und	ler 1 Year If Under 24 Hours
male	white	sing	/ED, DIVORCED (Specify)	Oct. 8, 1888	last birthday) Month	1
10A. USUAL C	CCUPATION (Give kind of stof working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
Seweras			INDOSTRI	Baltimore, Maryla	and	WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
Sigmun				Augusta Meyer		
15. WAS DECEA (Yes, no or unknow)	SED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
				Miss Gertrude Opp	penheimer	
OISE (This do heart fai injury o	ASE OR CONDITION LEADING TO DEA' the person of mean the mode of the condition of the condit	TH If dying, e. 1 Ins the disease Eaused death EES F ANY, GIVIN STATING TH	(A) Arterio e, b) DUE TO		escular diseas	ONSET ANO DEATH
TRIBUTION THE	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?					
7						YES X NO
UNDERLYI	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., in arm, factory, street, office bldg., et		in Baltimore City, give	exact location)
OF INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK	21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\overline{\mathbb{N}} \), accident \(\overline{\mathbb{N}} \), bomicide \(\overline{\mathbb{N}} \), undetermined \(\overline{\mathbb{N}} \).						
Burial. Burial. Burial.	(Specify) HILLY 2'		Oheb Sh		DOLLE !!	Balla A
LOCAL REGIS	FO BY PECMTDAD	SIGNATU	Vinus, Mar	25. FUNERAL DIRECTOR	T= 19.10	DDRESS
V S 151	1997	7	100	Con Michelan	11/0000	The same
			690	- Ampril	141	11/1/21 200 1



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered \$2 6915

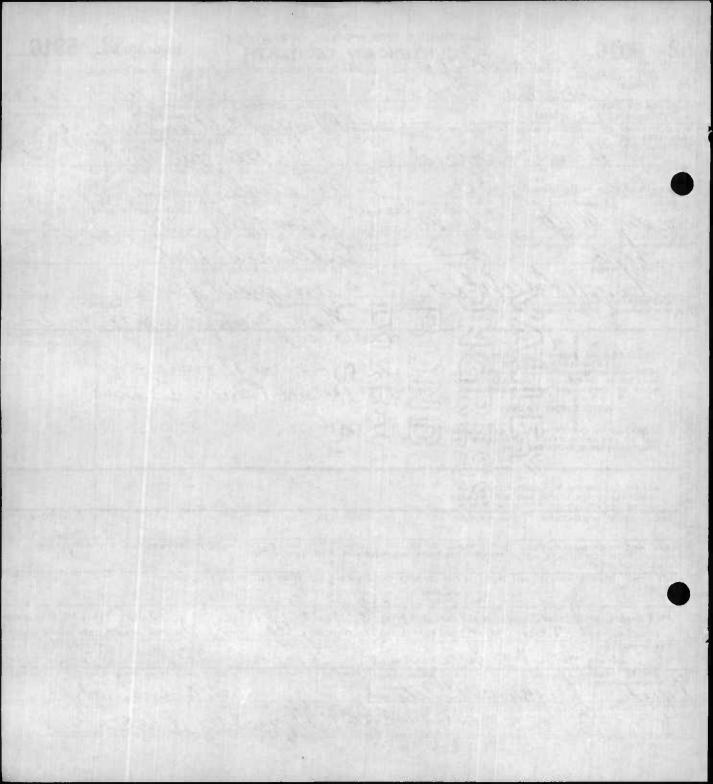
В	RTH NO.			CERTIFICAT	E OF DEATH	registere	1 110		
1.	NAME OF D	ECEASED				2. DATE			
C	ype or Print)	Dimat	tia, Fe	lix A.		OF DEATH JI	uly 22, 1952		
	PLACE OF D Baltimore (4. USUAL RESIDENC	E (Where deceased lived,	If institution: residence before admission)		
В.	FULL NAME		al or institut	ion, give street address or		2. 0001(11	before admission)		
IN H	SPITAL OR			location)	c. CITY OR TOWN	(If outside corporate lin	mits, write LURAL and give		
1	1	St. J	oseph's	Hospital	Baltimore	46	township)		
6				Yrs.		(If rural, give location)			
	Length of s	tay in Baltimore		Mos. Days	5017 Hamilt	on Aronno			
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours		
	Mala.	TETTA i de a		VED, DIVORCED (Specify)			Months Days Hours Min.		
10	Male A. USUAL OC	White CUPATION (Give kind of	108. KINE	OF BUSINESS OR	April 23 18	or oreign country)	1 12. CITIZEN OF		
wor	k done during most	of working life, even if retired)		INDUSTRY		or foreign country)	WHAT COUNTRY?		
10	Chef	IAME	Gerbe	er's Restauran	Maryland				
1~					14. MOTHER'S MAIDE				
_		doro Di Mat		SEE THE THE PERSON	Ida Chic	d1			
15 (Ye	. WAS DECEASI	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
,			,	21 2-07-6906	Lucidoro Di	Mattie 5017	Hemilton Are		
	18.	13 dad	E 921		OF DEATH	25000000	INTERVAL BETWEEN		
		SE OR CONDITION	DIPECTI V	' /			ONSET AND DEATH		
		LEADING TO DEAT	TH	CEN	unal Vascular	Closedant			
	heart failu	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hyptensul Condo Vascular But to Heat Thamstoon								
TION	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO		Suise and			
Y	UNDERLY	TING CONDITION LA	ST.	(C) - Ca	F Hauntier	-			
FICA									
ERTI	OTHER 6	II IGNIFICANT CONDI	TIONS on		/	1			
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D //	& west	1/			
U		ISEASE OR CONDITION			7.14	una-			
7	ISA. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
Ü	21. 16615		1 210 DI	ACE OF INJURY (e. g., i	1 210 WHERE DID	/If in Daltimon City	YES NO X		
EDICAL		R CONTRIBUTION	about home, f	farm, factory, street, office bldg.,	a or 21C. WHERE DID ste.) INJURY OCCUR?	(II in Dalumore City	, give exact location)		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	IURY OCCUR?			
	OF INJURY	(====, (===,		WHILE AT NOT WHILE		JOHN GOOGHT			
L			m.	WORK AT WORK					
	22. I hereb	y certify that I att	ended the	deceased from Jul;	y 22 , 1952 to	July 22 , 19	52, that I last saw the		
	deceased al	live on July 22	_, 19_52.	and that death occur	red at 11:30am, fro	om the causes and on	the date stated above.		
	23A. SIGNAT	TURE A	1.11.		38. ADDRESS		23c. DATE SIGNED		
11		r. 0. V	oya	4 1. M.D.	1400 N. Caro	line Street	July 22, 1952		
24	N. REMOVAL (S	REMA- 248, DATE	(1)	AC. NAME OF CEMETE	NOO N. Caro	D. LOCATION (City, tov	vn, or county) (State)		
I	Burial	July 1.		Holy Redeen	ner Ceme. 1	H30 Belair	Rd. Balt.Md.		
	ATE RECEIVE		SSIGNATU	RE	25 FINERAL DIRECT	Ph 1	ADDRESS		
	JUI 24	1951 Tourtin	ctor V	Minus 12	Fraul De	la liber 32	2 S. High St.		
	VS 150		15 3				32. 30.		
			Free	100					

NOT	A MINER'S CASE
Transit .	
appropriet.	" M.D.
CH!	TAL EXAMINER

NOT A MEDICAL EXAMINER'S CASE

William Was Common C

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased/lived, If institution : residence BCOUNTY A. Baltimore City, Maryland AMSTATE before admission) be bhaller #1 (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURA In hd g INSTITUTION Yrs. D, STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore B. AGE (In years | H Under | Year Days 5-SEX 6. COLOR OR RACE 7. SUNGLE, MARRIED AGE (In years | Noter | Year | N Under 24 Hours | Months | Days | Hours | Min. BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 5810 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from 10 193 that I last saw the deceased alive on 7-20 193V, and that death occurred at from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA 248. DATE 24C NAME OF CEMETERY OR CREMATORY 240/LOCATION (City, town/ or county) TION. REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE SE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 6917

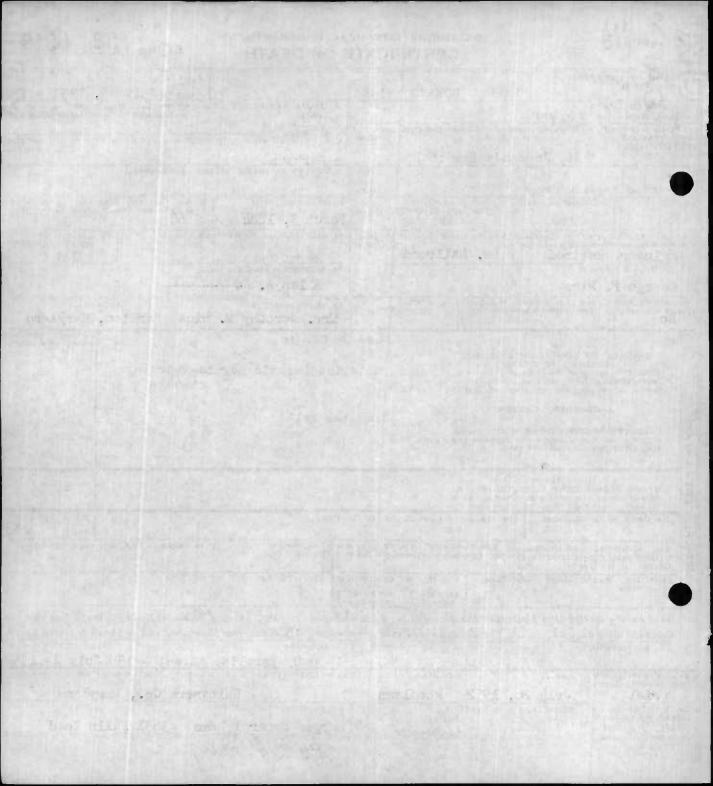
BIRTH NO.	CERTIFICATI	L OI BLATH		
1. NAME OF DECEASED (Type or Print) EARL GO	RRICK		OF JUL	y 22.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution : residence before admission)
B. FULL NAME OF (If not in hospit	tal or institution, give street address or		5. 000m;	Defore admission,
HOSPITAL OR INSTITUTION	location)		tside corpora e limi	write BUHAL and give
DON SECO	LRS HOSPITHL	BALTIMORE		to to the man p
ength of stay in Baltimore	Y 2 Yrs. Mos. Bays	1614 S. CH		ST.
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			Under Veal If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of	108 KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore		12. CITIZEN OF
work done during most of working life, even if retired) CHAUFFER	INDUSTRIAL	MARYLAN	D	WHAT COUNTRY?
13. FATHER'S NAME	FACTURY	14. MOTHER'S MAIDEN NAM		4.3.7
MARTIN GOR	RICK	SUFHRUE		
15. WAS DECEASED EVER IN U. S. ARMET	D FORCES? 16. SOCIAL	17. INFORMANT		DDRESS
yes	security No.	WIFE	SI	AME
18. 760 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEAT	DIRECTLY	1 - 0	1	ORSE! AND DEATH
(This does not mean the mode of heart failure, asthenia, etc. It mea	if dying, e. g., (A) (A)	beTie Acio	ZOSIS	6 h=s
injury or complication which of	caused death.) DUE TO			
ANTECEDENT CAUS	ES	abetes Me	11 +	
O DISEASES OR CONDITIONS, I	F ANY, GIVING	sbeles the	111/05	- dyll
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			
U	(C)		***************************************	
OTHER SIGNIFICANT CONDI				
TRIBUTING TO THE DEATH, BUT	NOT RELATED			
TO THE DISEASE OR CONDITION	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	The second of th			YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e		in Baltimore City, g	
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY O	2001103	
FINJURY (Month) (Day) (Teal)	m. WHILE AT NOT WHILE	T I I I I I I I I I I I I I I I I I I I	CCORT	
22. I hereby certify that I att	ended the deceased from	22, 1952, to 1/2	el 22 195	2-that I last saw the
	2, 1952. and that death occur			
23A. SIGNATURE		35 ADDRESS	. /	23C DATE SIGNED
William a.	Villsbring M. D.	200 secous	HO3D.	7/22/52
24A. BURIAL, CREMA- TION REMOVAL (Specify)	24c, NAME OF CEMETE	RY OR CREMATORY 240. LOC	ATION (City, town,	or (State)
DATE RECEIVED BY REGISTRAR	13 - Balto Make	onal Sal	10. Ille	2.
LOCAL REGISTRAR	S SIGNATURE	5 FUNERAL DIRECTOR		ADDRESS 11/1X
301 24 1354 Tun	inglow I man	1 lynn & The	mung 14;	26 pight 104.
VS 150		111	4	0
	683	77		

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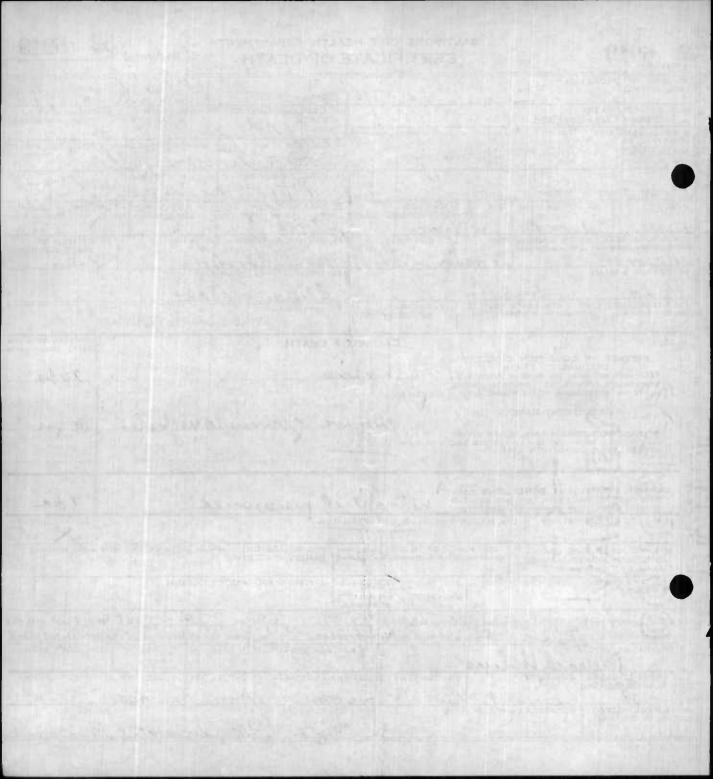
17-1	00	
32	6918	

CERTIFICATE OF DEATH Registered No. 6918

BIR	TH NO.			OEITTI TOTTI					
1. NAME OF DECEASED (Type or Print)							2. DATE		
(1)	pe or Trint;	G.	eorge :	HOWARD RICE			DEATH July	23, 19	52
	Baltimore (EATH: City, Maryland			4. USUAL RESIDEN A. STATE	ICE (Wh	B. COUNTY		residence fore admission)
HO:	ULL NAME	OF (If not in hospit	al or instituti	ion, give street address or location)	c. CITY OR TOWN	(If o	utside corporate lin	nits, write R	URAL and give
INS	TITUTION	St. Josep	his Ho	anital	Dowleton				township)
	11	50. 0050	744 20 2001	Yrs.	D. STREET ADDRES	S (If ru	ural, give location)		
	ength of s	tay in Baltimore		Mos. Days				5300	
5. 5	EX	6. COLOR OR RACE		E, MARRIED, (Specify)	8. DATE OF BIRTH		9. AGE (in years last birthday)	If Under Year Months: Day	If Under 24 Hours
	Male	White		Married	March 3, 1884		68		
		CUPATION (Give kind of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or for	eign country)	12. CITI WHA	ZEN OF AT COUNTRY?
944	ngineer	Retired	Pa. R	ailroad	Maryland				S A
13.	FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAI	ME		
	George H	P. Rice		National Street	Ellen A.	Q			
15. (Yan	WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(100)	No	(17,704) 8110 1111 01 0111		SECORITI NO.	Mrs. Derothy	7 M. I	Rice Parkt	ton, Ma	ryland
	18. ~ /	6 X		CAUSE	OF DEATH	-			RVAL BETWEEN
		SE OR CONDITION	DIRECTLY					ONSE	AND DEATH
		LEADING TO DEAT	ГН	Anto	riosclerotic	cardi	a-vascular		
	heart failu	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	e,	.e. e. M. 161 M.e. 17. e. 17 17. 16. 17	With the	disease		,
	injury or	complication which	aused dcath	.) DUE TO			CIDOCIDO		
		ANTECEDENT CAUS	ES	70.4 2					
Z	DICEACE	S OR CONDITIONS, I		(,	tes mellitus		•••••	********	
임	RISE TO T	HE ABOVE CAUSE (A)	STATING TH						
X	UNDERL	YING CONDITION LA	ST.	(C)			•••••••		
RTIFICATION									
E	OTHER S	II SIGNIFICANT COND	TIONS COM	1.					
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D					
U.				FINDINGS OF OPER	RATION			20.	AUTOPSY?
¥								YES	NO K
EDICAL		DENT WAS UNDER-		ACE OF INJURY (c. g., I			in Baltimore City	, give exact	t location)
	LYING O	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR	1			
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY	OCCUR?		
	OF INJURY			WHILE AT NOT WHILE					
	22. I herek	y certify that I at	m.	-	ly 22 19 52	to J	uly 23,19	52 that 1	last saw the
				and that death occur					
-	23A. SIGNA		<u> </u>		38. ADDRESS	770111011			ATE SIGNED
		08	Umu	M. D.	1400 N. Caro	line	Street - 1	3 July	v 23.1952
24	A. BURIAL,	CREMA- 248. DATE	20000	246 NAME OF CEMETE			CATION (City, to		
TIO	n, removal (S Burial	July 26	1952	Woodlawn		Balt.	imore Co.,	Marvla	nd
DA	TE RECEIVE		3/-		25. FUNERAL DIRE		THOLE CO.	ADDRE	2201
	CAL REGIST	TRAR 1	· _	1111.		_ 2	2627		
	UL 241	959 11unle	nglow	Cremany, My	Burgee Funera	TO TO	me 3031 .	Falls R	.040
	VS 150		.0 3	and the ball of	Mace F	Du	rgee		
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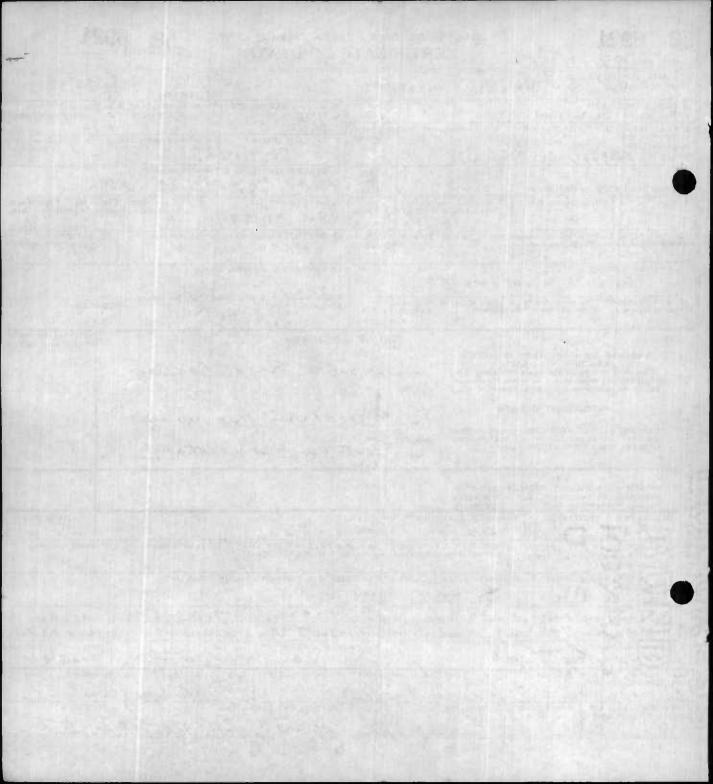


1623				
2 6919 BIRTH NO.	CERTIFICATI		Registered No.	6919
1. NAME OF DECEASED (Type or Print)	h Troga	ten	2. DATE OF DEATH July 2	2.1952
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKIN	institution, give street address or location) IS HOSPITAL Yrs. Mos.	C. CITY OF TOWN (If or	B. COUNTY / stride corporate / mile, lvr.	before admission
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	MOS. Days SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOWEY S. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 8-28-89 11. BIRTHPLACE (State or fore TOTEL Carolin 14. MOTHER'S MAIDEN NAM	78 2	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	RCES? 16. SOCIAL SECURITY NO.	Eliza Wria 17. INFORMANT JOHNS HO	ADDR. PKINS HOSPITAL	ESS
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, ctc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ing, e. g., e disease, i death.) DUE TO (B)	in examendo	neplectes	20 yr
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED LATE	il pumonia		780
19A. DATE OF OPERATION 19B. M	MAJOR FINDINGS OF OPER	ATION		
ELLING DOW CONTRIBUTING	1B. PLACE OF INJURY (e. g., in ut home, farm, factor, patern), office bldg.	or 21c. WHERE DID (14.) INJURY OCCUR?	in Baltimore City, give of	YES NO Exact location)
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about CAUSE OF DEATH	ut home, farm, factor, placet, office bldg.	ED 21F. HOW DID JHJURY		YES NO
CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (House Injury) 22. I hereby certify that I attended	while at North North Work at work of the deceased from 2 and that death occur	ED 21F. HOW DID MOURY 1953; to 7 red at 2 m., from the	OCCUR? 22, 1957th causes and on the do	ves No exact location) at I last saw the



	52 63	120	BALTIM	ORE CITY H	EALTH DEPARTMENT		000
В	RTH NO.		CE	RTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF D	DECEASED				2. DATE/	7
_	'ype or Print)		VA M	RAA	B	OF DEATH	22/52
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If inst B. COUNTY	itution: residence Vefore admission)
H	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution, gi	ve street address of location		f outside corporate limits, w	rite RURAL and give
IN	ISTITUTION	1625 DI	LRHAN	1.57	BALTIM	ORF 8.	township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	W ()
		stay in Baltimore	LIFE	Mos. Days	1625 N. L	DURHAIN	ST
5.	SEX F.	6. COLOR OR RACE		RRIED, IVORCED (Specify	12/26/75	9. AGE (In years Under Months	s Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	108. KIND OF		11. BARTHPLAGE (State or fe	oreign country) 12.	CITIZEN OF
	A-7	HOME		INDUSTRY	BALTIMO	RE MO.	WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	
	JOH	N. ZA	NG		NOT KNO	WN	
15 (Ye	. WAS DECEAS , no or nnknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	ADDF	
					ANNA TEMP	LE 1625 DU	(RHAM-ST
		31.0 and	420.0	CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA	TH		16.+	_ 4.	11.
	heart failt	s not mean the mode are, asthenia, etc. It me	ans the disease,	(A)	test prost	73(104	1435
	injury or	complication which	caused dcath.)	DUE TO			
7		ANTECEDENT CAU	SES	-	Arteriosclerotic	heart disease	seven
TION		S OR CONDITIONS,		DUE TO	(a. X	***************************************	,
AT.		YING CONDITION L		(G)			
FICA						CAHON APPROVED	8 Y
RTI		II SIGNIFICANT COND			/.	The	1
CE		G TO THE DEATH, BUT DISEASE OR CONDITION		• • • • • • • • • • • • • • • • • • • •		Land Unorthick	<u> </u>
_	19A. DATE	OF OPERATION	198. MAJOR FINE	DINGS OF OPE	RATION CHIEF O	R ASST. MEDICAL EXAMINER.	20. AUTOPSY?
CA		1	1 01- 51 165	= IN III 5 /	1 101- 1111505 010 (1	Te in Dallin O'A	YES NO
EDICAL	LYINGNO	R CONTRIBUTING		FINJURY (e. g., tory, street, office bldg.,		If in Baltimore City, give	exact location
Σ.	CAUSE OF	DEATH (Month) (Day) (Year		NJURY OCCURF	RED 21F, HOW DID INJURY	whan y occups	27 80
	F INJURY	0	WHILE /			to hot me	
	90	ely 16-22/	m. WORK		2/11/	- 1 1 -	20.00
		y certify that Lat	tended the deced	ased from	8 / 4 / , 1959, to rred at 7:15 Pm., from t	7 / 24, 195, 7	hat I last saw the
	deceased a		192, and t		23B. ADDRESS		3c. DATE SIGNED
	0	an '	fredme	м. р.	1737 E.N.	irth Ave	7/23/52
24 TIC	A. BURIAL.	CREMA- 24B. DATE Specify)	24c. N	NAME OF CEMET	ERY OR CREMATORY 24D. L	OCATION (City, town, or o	county) (State)
1							
-6	34R11	14 1/2	6/52 H	2LY RE	BEEMER BI	+LTIM012E	1417
D	3 U.R./ ATE RECEIVE CAL REGIST	D BY REGISTRAR	SIGNATURE	DLYRE	25. FUNERAL DIRECTOR	+LTIMOIZE	DDRESS
100	3 U.R./	D BY REGISTRAR	SSIGNATURE ton Willia	US MER	25. FUNERAL DIRECTOR	Man 1639	ODRESS Currey
D. L.	3 U.R./	D BY REGISTRAR	L 11/11	US ME	25. FUNERAL DIRECTOR	Man 1639	DDRESS Quanting

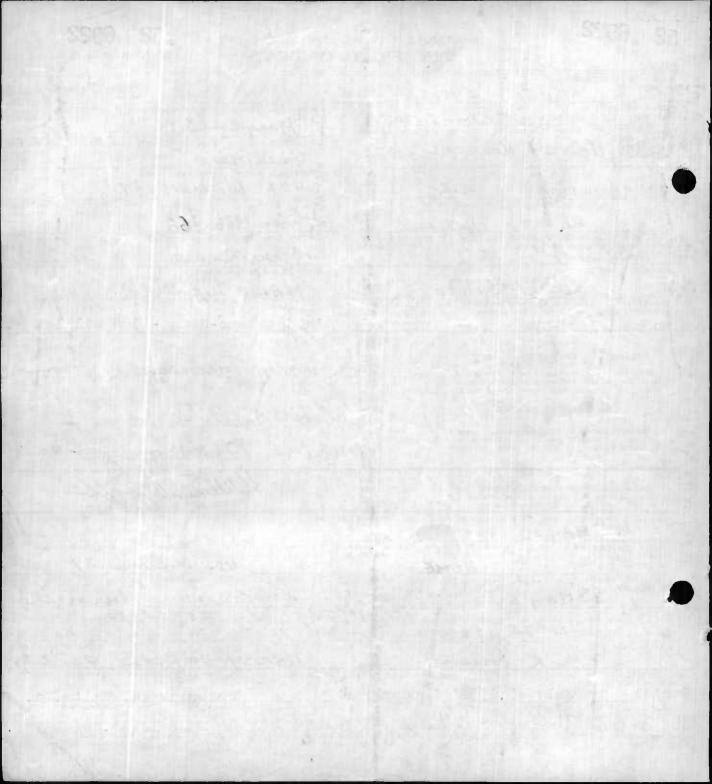
H-15-6	
	EALTH DEPARTMENT 52 6921
BIRTH NO. 49 - 14251 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED WAYNE HOFFMEYE	R 2. DATE of July 23/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
SINAL HOSPITAL OF BALTIMORE INC.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE 27-) (township)
Length of stay in Baltimore 3 Yrs.	D. STREET ADDRESS (If rural, give location) 4909 EDGEMENT FULC
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JULY A 19459 9. AGE (in years of Under I Year of Under 24 Hours o
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (HILD)	11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWIN HOFFMEYER	May Tisler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT AS ABOUT
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING	T. Op. HERNIORKHapmy
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 7- deceased alive on 7-23-5, 49, and that death occur	21-5-19, to 7-23-5-19, that I last saw the rred at 7 30.m., from the causes and on the date stated above.
	Sirai Gaspital 23c. DATE SIGNED 7-23-5V
24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETE	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bureal July 23/52 London Va	sk Baltimore Maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR THE LOCAL REGISTRAR M.P.	Louis Tyles 5005 Pf. The to the
VS 150	69/8



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

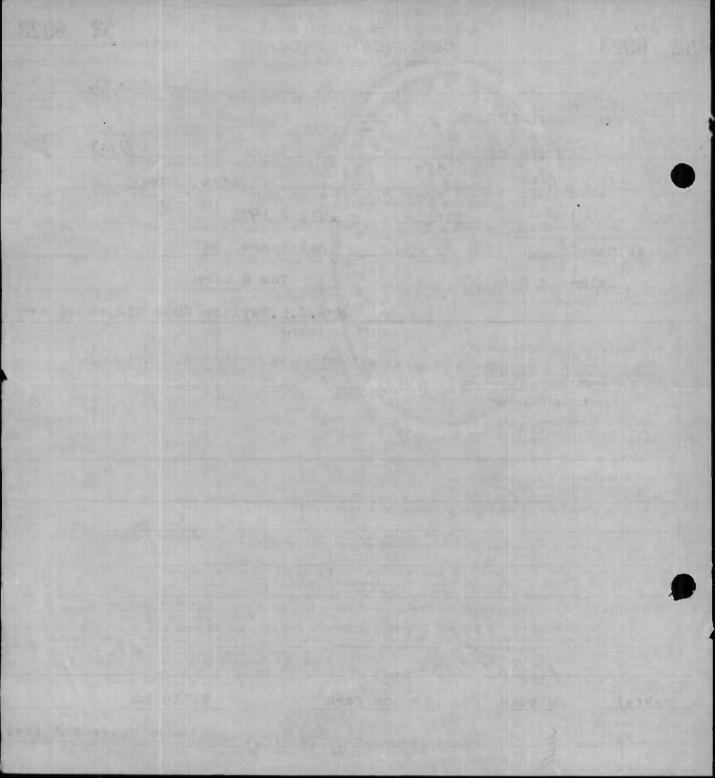
52 6922 Registered No.

В	IRTH NO.			CERTIFICATI	E OF DEATH	negistereu	110.
_	NAME OF DEC	EASED				2. DATE	2) 6 0 5
(T	'ype or Print)	KATI	5	MITH		OF 23	July 52
3.	PLACE OF DEA		(2)		4. USUAL RESIDENCE	E (Where deceased lived, I	f institution : residence
	Baltimore Cit		84	LIMORE	A. STATE	B. COUNTY	before admission)
B.	FULL NAME OF	(If not in hospit	al or institut	tion, give street address or location)	Mary	and .	
	ISTITUTION	MERCY 1	HOSPLI	AL location)	C. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give township)
		12.10			BOLTIM	IORE 2	4-03
4				Yrs.	D. STREET ADDRESS	(If rural, give location)	
	Length of star	y in Baltimore	e	Mos. Days	1104 W	JILLIAM ST	
5.	SEX 6	COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year It Under 24 Hours
	F	4)	WIDOV	VED, DIVORCED (Specify)	28 Jan. 18	OL st birthday) M	onths Days Hours Min.
10	A. USUAL OCCI	JPATION (Givekind of	108 KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country	12. CITIZEN OF
worl	k done during most of w	orking life, even if retired)	TOB. KINE	INDUSTRY	11. Diktili EACE (State	O loreign country)	WHAT COUNTRY?
	House				- Mary-	land.	U.S. 17.
13	FATHER'S NA	ME .			14. MOTHER'S MAIDE	N NAME	
		Phillip	SMI	TH.	MARIA	WERNER	
15	. WAS DECEASED	EVER IN U. S. ARMEI	FORCES?	16, SOCIAL	17. INFORMANT		ADDRESS
(Ye		(If yes, give war or dete	s of service)	SECURITY NO.			
-	no	none		none	Ella Catalai	no-daugh-110	
	18. 260	x and F	903	. O CAUSE	OF DEATH		ONSET AND DEATH
		OR CONDITION		P		7,	~ -
,	(This does no	EADING TO DEA' of mean the mode of	f dying, e. 1	g., (A) Co	RONARY (HROMBOSIS.	(5 mins
		asthenia, etc. It mea		se,			
				n, 002 10		1 4-4	
	1A	NTECEDENT CAUS	SES	95	abeles he	Olles	7
Z	DISEASES C	R CONDITIONS, I	F ANY. GIVIN	(8)	me.		
TION	RISE TO THE	ABOVE CAUSE (A)	STATING TI	HE DUE TO	+ 0	fred to	
V	ONDERLITA	IG CONDITION LA	51.	(C)	recture of	TIFICATION APPROV	FD RV weeks.
FIC					//	/	79
ERTI	OTHER SIG	NIFICANT CONDI	TIONS COL	N.	U)	1111: 1/0/	
E	TRIBUTING T	O THE DEATH, BUT	NOT RELATI	ED	CHI	EF OR ASST	. U.
U		ASE OR CONDITION				EF OR ASST. MEDICAL EXAM	
7	194. 04 14	MA. 15m	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA		1117900	L ata Di	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(16 in Politicana Cita	YES NO
	LYING OR	T WAS UNDER.	about home	farm, factory, street, office bldg.,	tc.) INJURY OCCUR?	(If in Baltimore City,	~ /
ME	CAUSE OF DE	ATH	H	OME.	/	104 William	, 3F.
7	21D. TIME (Me	onth) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
	A MOOK!	9ª MAY'S	1 m.	WHILE AT NOT WHILE	1 slippe	de on Fl	por 4 leel
	00 71 1				Taly 1952/10		
		eertify that I att	ended the				2, that I last saw the
	deceased aliv	e on	319 JZ	and that death occur	red at	om the causes and on	
	23A. SIGNATU	RE /a. V	()		3B. ADDRESS	, Manzain	23c. DATE SIGNED
		Mr. K.		M. D.	TERES	1 1202 W (47.	- 3 may 57
T10	4A. BURIAL, CRI ON, REMOVAL (Spe	EMA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 24	ID. LOCATION (City, town	n, or county) (State)
B	urial	July 20	5,1952	Loudon Par	rk F	rederick Rd.	Balto .Md.
	ATE RECEIVED		S SIGNAT	JRE	25. FUNERAL DIRECT		ADDRESS
J	UC 25 195	2 Tunting	ylon /	Minus MD	TRAUSE RUNER	Ab HOME 1216	S.CHARLESST.
=			1 1		0 6 9 1	TOTAL TETO	• TGGGTTIMITUS.
	V\$ 150		1 7.	, trace, dodge			
	\wedge	- 870.0					



CERTIFICATE OF DEATH Registered No. 6923

BIRTH NO.						
1. NAME OF DECEAS (Type or Print)					2. DATE	00 1070
3. PLACE OF DEATH:	A	NNA]	BODE	A HOUSE DECIDENCE	DEATH JULY	
A. Baltimore City, N	Iaryland			4. USUAL RESIDENCE A. STATE	B. COUNTY	before admission)
B. FULL NAME OF HOSPITAL OR	f not in hospital of	r institution, gi	ve street address or location)	Maryland		
INSTITUTION			100201011)	c. CITY OR TOWN	15	ts, write RURAL and give township)
1346 L	utheran Ho			Baltimor		10
		Li	Yrs. Mos.	D. STREET ADDRESS		
Length of stay in			Days	3909 Ric	igewood Ave	
5. SEX	CR OR RACE 7.	SINGLE, MA WIDOWED, D	IVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) M	onths Days Hours Min.
	ite	Sin		July 2 1878	74	
10A. USUAL OCCUPAT work done during most of working	ION (Give kind of 10 life, even if retired)	DB. KIND OF	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
At home				Baltimore	Md	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	er W Bode			Ida Q V	Vann	
15. WAS DECEASED EVER (Yes, no or nnknown) (If ye	IN U. S. ARMED FC		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			occomin no.	Mrs.J.L.Bayl:	lne 3909 Rid	gewood Ave
(This does not m heart failure, asth injury or compli-	ING TO DEATH ean the mode of d enia, etc. It means t cation which caus CEDENT CAUSES	the disease, sed death.)	(A) Arteric	sclerotic cardi	iovascular dis	ease
O RISE TO THE ABO	ONDITIONS, IF AN OVE CAUSE (A) ST.	ATING THE	(B) DUE TO (C)			
C TRIBUTING TO TH	CANT CONDITION CANT CONDITION CANTON	T RELATED				
19A. DATE OF OPE	RATION 19B.	MAJOR FINE	DINGS OF OPER	ATION		20. AUTOPSY?
21a. EXTERNAL CA UNDERLYING O UTING CAUSE	R CONTRIB. ab		FINJURY (e. g., in story, street, office bldg., et		(If in Baltimore City,	give exact location)
OF INJURY	(Day) (Year) (Ho	our) 21E. 1 WHILE / WORK		D 21F. HOW DID INJU	JRY OCCUR?	
22. I certify that	I took charge	of the rema	ins described a	bove, held an inspec	ction & inquir	L thereon and from
and death in	my opinion res	sulted from:	natural causes	nquiry, find that said ↑ accident □. suici	de \(\precede \). homicide \(\precede \).	undetermined \Box .
23a. SIGNATURE	RKO	Freh		23B. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	AL EXAMINER 1	une 24, 1952
24A. BURIAL. CREMA- TION, REMOVAL (Specify)	246. DATE	24c. N		Y OR CREMATORY 240		, or county) (State)
Burial	July 26	1952	Loudon Pa	rk	Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S S			AMA AMAIA		ADDRESS
V S 151	1) 1	The State	Ar, My	O Comment		V
			2	Land 1		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6924

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) John J. Dekenis 3/22/52 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate Imits, write RURAL and give INSTITUTION 649 W. Lombard St. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 649 W. Lombard St. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years if Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Ma.le White Married Jan. 4. 1891 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Cabinet Maker Woodcraft Lithuania U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Dekenis Grasilia Kunigieliete. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 216-16- 4812 Amelia A. Dekeris SAME INTERVAL BETWEEN 18. CAUSE OF DEATH 350 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 8-7 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 1952 and that death occurred at 1:80 Pm., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED Warle 7-23-52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Holv Redeemer Burial Belair Rd. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Chas. W. Kachauskas 703 McHenry St.

madir. ces Toront As of their Sire 7 THE PARTY OF THE REAL PROPERTY.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

egistered \$2 6925

ВІ	RTH NO.			CERTIFICATI	E OF DEAT	Н	Registered N	0
	NAME OF D						ATE	
(1	ype or Print)	Olivi	a Elle	en Cordrey		D	OF July	23,1952
	PLACE OF D	City, Maryland			4. USUAL RESID		cceased lived. If i	nstitution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Md.			and a
HO	SPITAL OR	3045 Brigh	ton S	location)	C. CITY OR TOWN	(If outside	corporate imits	write RURAL and give
Ш						timore	16	COWNSHIE!
				50 - Yrs. Mos.	D. STREET ADDR			
		tay in Baltimore		Days		Brighto		
	emale	6. COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTI	la	ge (In years) st birthday) Mor	Under 1 Year H Under 24 Hours aths Days Hours Min.
		117.00		ried	Apr.25,18	371 8	1	
worl	done during mest	CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		country)	12. CITIZEN OF WHAT COUNTRY:
	House-w				Delawar			
13	FATHER'S				14. MOTHER'S MA		***	
		s LeCates				E11	iott	
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		AC	DRESS
	no	The strain		none no.	Mrs. Vera	C. Wise	1919 R	osedale St.
	18. H	43x .	1987	CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	4		Las		- /
	(This does	LEADING TO DEA	of dying, e. 1	g., (A)	xrdiac /	recon	op.	5 days
	injury or	re, asthenia, etc. It mea complication which o	ns the diseas aused death	e,				
		ANTECEDENT CAUS	SES	Son de la constant de	. 1	/		
z				(B) OW	aro-ra	soura	~ -	
FICATION	RISE TO T	S OR CONDITIONS, I	STATING TH		one to		1	1// 1100
Y.	UNDERL	YING CONDITION LA	ST.	(c)	JELVE	nonz	orceas	e 4Nyrs
]//			
RTI		II SIGNIFICANT CONDI						
III		G TO THE DEATH, BUT DISEASE OR CONDITION						
	19A. DATE		9в. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
CAL		0						YES NO
EDIC		R CONTRIBUTING		ACE OF INJURY (e. g., i farm, fectory, street, office bldg., c			Saitimore City, g	ive exact location)
Z E	CAUSE OF	DEATH						
	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCC	UR?	
			m.	WHILE AT NOT WHILE		01		
		y certiff that I att			My/2, 195	52to July	23, 1952	that I last saw the
	deceased a	live on July 2:	3, 19 <u>5</u> 2,	and that death forcus	rred ot 855 Am	., from the chi	uses and on th	e date stated above
	23A. SIGNA	TURE P/	411	11 11 2	3B. ADDRESS	Bin	81	23c. DATE SIGNED
-	4A. BURIAL,	CREMA- 248. DATE	TUCE	24c. NAME OF CEMETE	RY OR CREATORY	1340 10007	ON (City, town,	or county) (State)
TI	ON, REMOVAL	Specify)			IN I OR CIDALINA ORY			
	Burial	7-25-19		Woodlawn	25. FUNERAL DIE		lawn,	Md.
	OGAL REGIST		SSIGNATI	11111			222	
	JOL 24	1977 1 min	whom h	Vullalles, Mi	Howard S	trong 32	07 W. No.	cth Ave.

Ly Nonce U Todd 2108 St Paul St - 13e 409 1730 +2pm

53 6026	BALTIMORE CITY HEALTH DEPARTM	
BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) HOLBERT ED	W 0 8 D	2. DATE OF 7-22-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDE	(Where deceased lived, If institution: residence B. COUNTY before admission)
HOSPITAL OR	stitution, give street address or location)	(If outside corporate Umits, write MURAL and give
c. Length of stay in Baltimore	Yrs. D. STREET ADDRE	Se (If ruyal, give location)
5. SEX 6. COLOR OR RACE 7. SI	Days 6. DATE OF BIRTH	9. AGE (In years if Under I Year last brounds) Months Days Hours Min.
10A. YOUAL OCCUPATION (Glokindof work to be suring most of working fire ever if retired)	KIND OF BUSINESS OR 11. BIRTHPLACE (S	tate or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	(4 Mg HER'S MAI	DENNAME
15. WAS DECEASED EVER IN U.S ABMED FORC	ES7 16, SOCIAL SECURITY NO. 77. INFORMANT	Exember nelson and
18. 540.0	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which eaused	g, e. g., (A) HYPER TITE disease,	RMIA
ANTECEDENT CAUSES	POST OPERA	TIVE G ASTRECTORY
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATH UNDERLYING CONDITION LAST.		TICULCER
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED	
19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPERATION	EEUINL 20. AUTOPSY?

21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR?

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED NOT WHILE

AT WORK

22. I hereby certify that I attended the deccased from July deccased alive on July 27, 195, and that death occurred at 12:15 m., from the causes and on the date stated above. 23c. DATE SIGNED

238. ADDRESS 23A. SIGNATURE

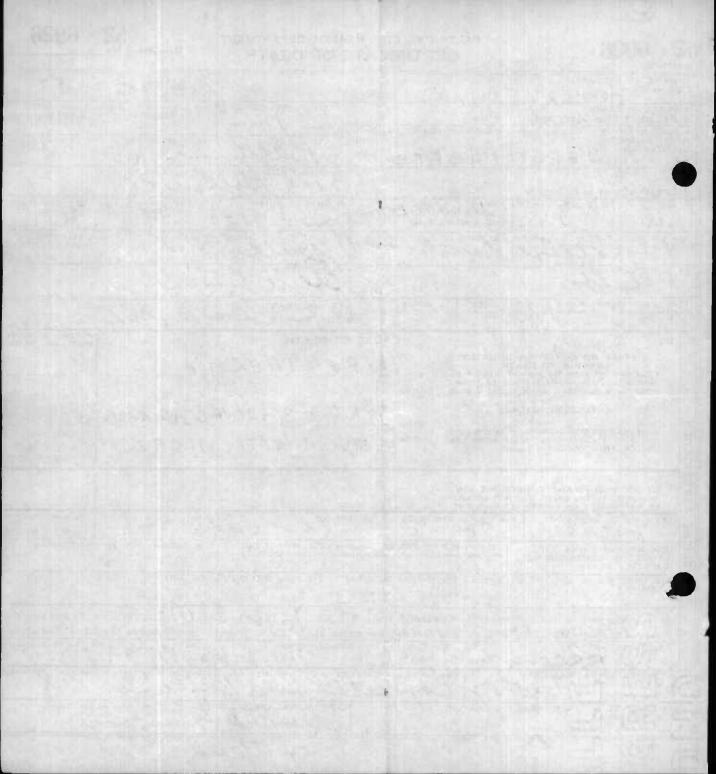
244. BURIAL, CREMA-

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

ADDRESS

VS 150

EDIC/

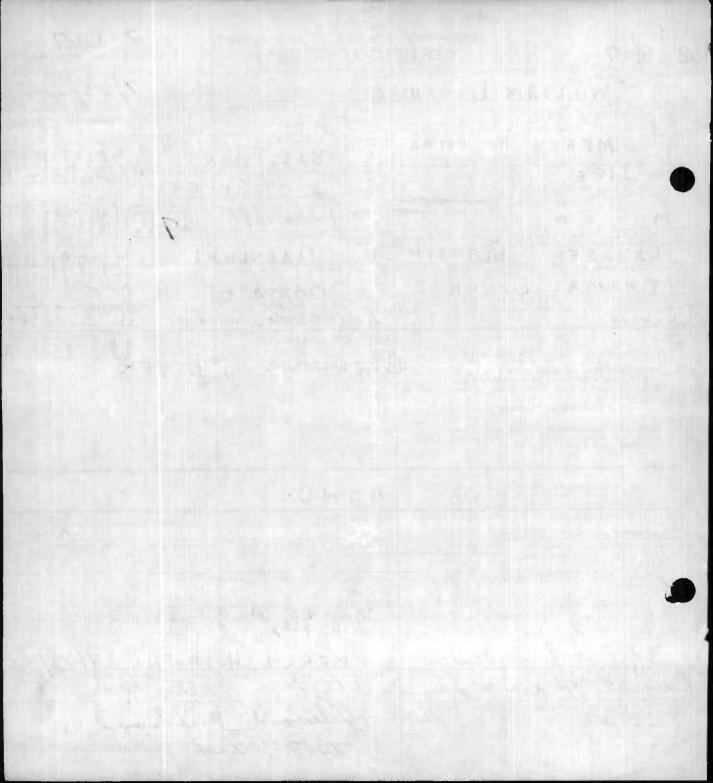


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BHRT	н	6927

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6927
Registered No.

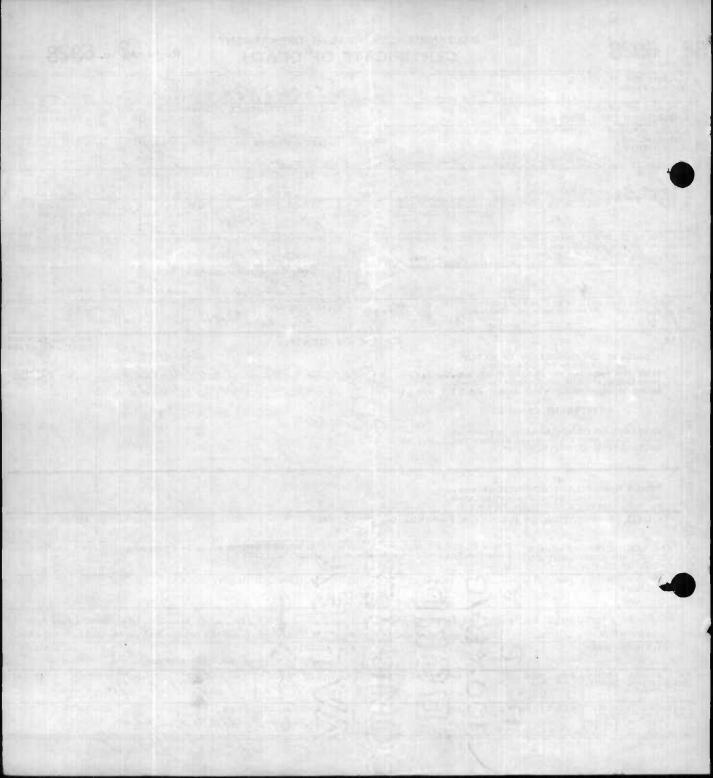
BIRTH NO.	- 01 - 12 - 17 - 17
1. NAME OF DECEASED (Type or Print) WILLIAM DONOHUE	2. DATE OF 7/23/32
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION MERCY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION MERCY HOSPITAL	BALTI MORE 25 township)
LIFE Yrs. Mos. Bays	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR DR RACE 7. SHNGLE, MANAGED. (Specify)	9. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours I last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS) OR	gane 6-1000 67
work done during most of working life, even if retired LRANS IT (NBUSTRY)	MARYLAND 12. CITIZEN OF WHAT COUNTRY? V.S. A. V. L. A. V. D. V. S. A. V.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	A INFORMATY OF THE PROPERTY AND ADDRESS OF THE PARTY OF T
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mobiles Lender Dandowind
18. 58 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	RHOSIS of LIVER
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	<i>V</i>
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
OTHER SIGNIFICANT CONDITIONS CDN.	40.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION (20 ANTORRE)
3 gngs 2 2 3	YES NO
218. PLACE OF INJURY (e. g., io LVING OR CONTRIBUTING about home, farm, factory, street, office bldg., et CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE PF INJURY WHILE AT NOT WHILE	21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from m	15 1952, to gray 23, 19 22 that I last saw the
deceased alive on 22 , 19 52, and that death occurr	red at 9 30 Am., from the causes and on the date stated above.
	MERCY HOSPITAL 7/23/52
24 BURILL CROMA- 246 DATE 246 DATE TON REMOVAL (Sybelity) 6. 5 Jan Down	RY OR CREMATORY 240. POCATION (City town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S MILITARY WILLIAMS METALEN METALE MET	ADDRESS Paul and ADDRESS
VS 150	359 Wash Slod
7/002	



36	SV
2	6928
BIRTH	NO.

CERTIFICATE OF DEATH Registered No. 6928

H	BIRTH NO.			
	1. NAME OF DECEASED (Type or Print)	54 1 - Kg. (Strobeken 2. DATE OF	7 0 0
	3. PLACE OF DEATH: A. Baltimore City, Maryland	Strohecker	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. If institution: residence before admission)
		ital or institution, give street address or	md	
	INSTITUTION	location)	C. CITY OR TOWN (If outside corporate	limits, write RURAL and give township)
	at ag	nes Hoopital	D. STREET ADDRESS (If rural, give location	57-00
	c. Length of stay in Baltimore	Mos. Days		1: 6/1
	5. SEX 6. COLOR OR RACE		8. DATE OF BIRTH AGE (In year	Wonths Days Hours Min.
	M. W		10-24.1101. 45.	Months, Days Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	• 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	Darling	14. MOTHER'S MAIDEN NAME	
	Charle	00.	Lillian Tuck	24
	15. WAS DECEASED EVER IN U. S. ARME		17. INFORMANT	ADDRESS
	(Yes, give war or date	es of service) SECURITY NO.	Wife Evelyn	Jane
	18. 420,1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA	TH	1:6 1 -4	
	(This does not mean the mode heart failure, asthenia, etc. It means	ans the disease,	jocardie infarch	ge 3days
	injury or complication which		Exterioscleratio C. V. D	K •
	ANTECEDENT CAUS	(B) Alex	pittension	9 un s
	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	IF ANY, GIVING		
ı	UNDERLYING CONDITION LA	AST. (C)		***************************************
	OTHER SIGNIFICANT COND			
	TRIBUTING TO THE DEATH, BUT	NOT RELATED		
	O TO THE DISEASE OR CONDITION	N CAUSING IT.	PATION	20, AUTOPSY?
	N O	TOD. MAJOR TIMBINGS OF OFER	"	YES NO X
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., c		ty, give exact location)
١	P.10. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	INJURY	m. WHILE AT NOT WHILE		
	22. I hereby certify that I at	tended the deceased from 2	7-23 , 1932to 7-23 , 1	95,4hat I last saw the
	deceased alive on 7-23		rred at 9:30km., from the causes and o	m the date stated above.
	23A. SIGNATURA	elten M. D. 2	3B. ADDRESS	23c. DATE SIGNED 7-29-52
	2.0 BURIAL, COMMA- 246. DATE		RY/OR CREMATORY 240 OCATION (City L	own, or county (State)
	1.16-	of doudow	Task Balls	mx
	DATE RECEIVED BY REGISTRAR	'S SIGNATURE	FUNERAL DIRECTOR	MODRESS
	JUL 24 1950 untry?	on Williams Mital	Darrott Harris	· 1
1	VS 150	7000	73 rg Wash Bl	vol
		7 7 6/3 //		The state of the s



5	520 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	2 6929
	NAME OF DECEASED OF OF OF OF OF OF OF OF OF O	1 27 164
	PLACE OF DEATH: Baltimore City, Maryland 4/107fard Caunt A. STATE B. COUNTY B. COUNTY	titution residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or location) COLTY OR TOWN (If outside corporated libits,	X
-IN	Yrs. D. STREET ADDRESS (If rural give location)	township)
-	Length of stay in Baltimore Mos. Days 418 Oxford Court	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years last birthday) Montl	der 1 Year hs Days Hours Min.
1 C	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY!
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADD	DRESS
(Ye	se, no or unknown) (If yes, give war or dates of service) SECURITY NO. Jane. Pary Dennio 418 Dylone	(ant
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	myh
1	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	7
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CHARGE CHARGE	4
OA	UNDERLYING CONDITION LAST, (C)	
RTIFI	OTHER SIGNIFICANT CONDITIONS CON-	
CE		ALIZODE VA
CAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	YES NO
EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING 12B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING 12B. PLACE OF INJURY OCCUR? INJURY OCCUR?	e exact location)
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OÇCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	

ZAA. BURIAL, CREMATION REMOVAL (Specify)

234 SIGNATURE

deceased alive on 7. 23

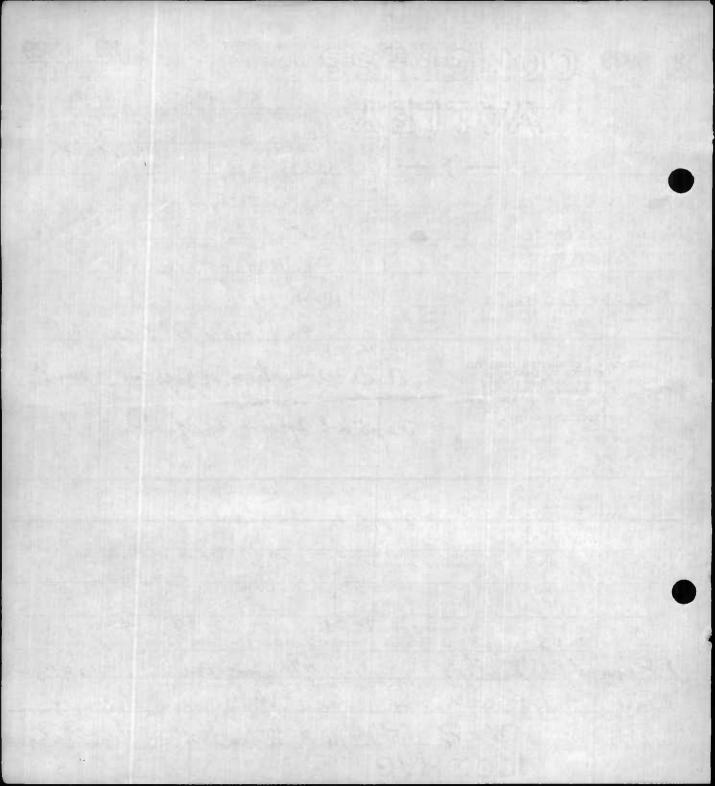
22. I hereby certify that I attended the deceased from 7- 30

23c. DATE SIGNED

, 195 , that I last saw the

1952, and that death occurred at 2:40 pm., from the causes and on the date stated above.

, 1952, to 7.23



CERTIFICATE OF DEATH

egistered \$2 6930

ВІ	RTH NO.		1.93.3	CERTIFICATI	OF DEATH		
	NAME OF D ype or Print)	ECEASED AGNES	M. G	ARRITY		DEATH	22, 1952
	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	E (Where deceased lived, I B. COUNTY	f institution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospital) 614 S. Poto		on, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporatedimi	ts, write RUHAL and give township)
	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS 614 S. Poton		
5.	sex emale	6.COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH December 26, 1	last birthday) M	ff Under 1 Year If Under 24 Sours on the Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13	. FATHER'S	NAME	4.77		14. MOTHER'S MAIDE		
1 11		zek Imbierowi		Lic cociai	Stanislawa Ch		
	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	Mr. Raymond J.	Garrity,614	ADDRESS S. Potomac Stre
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				m. myo	eordit.	c 7/1/48
CE	TO THE D	TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	CAUSING 1		RATION		20. AUTOPSY?
AL	ISA. DATE						YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bidg.,		(If in Baltimore City,	give exact location)
	ID. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURS WHILE AT NOT WHILE WORK		JURY OCCUR?	
				and that death occu	rred of Dm., fr.		that I last saw the the date stuted above
2 TI	ON, REMOVAL (CREMA CAB. DATE Specify 7/26/58		St. Stanislau	1	Baltimore. M	aryland (State)
	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECT	OR	ADDRESS ASTERN AVENUE
=	Vs 150	0	1 3	Marile, My.	Charles	Dedo	uli:

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	familiar out beautiting		o knorozopi)	and sent
The second of the	Carleine C. Brown			
	, virgitles			
	Hr. and A. Izikota.			

5	36
2	6931

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No._ 6931

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) FRANC	CES KENDRZEJEWSKI		OF DEATH July 2	3, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI A. STATE Maryland	here deceased lived. If ins	stitution : residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR St. Joseph's (INSTITUTION S. Patterson	Convalescent Homecation)	c. CITY OR TOWN (If c	outside corpor de limits	writ SoraL and give township)
c. Length of stay in Baltimore	64 yrs Yrs. Mos. Days	D. STREET ADDRESS (If r		Ð
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years) If Un	nder I Yuar If Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Housewife	108. KIND OF BUSINESS OR	Pola	nd	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknown		Unknown		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	es of service) SECURITY NO.	17. INFORMANT		DRESS
	-	Mrs.P. Grabecki, 23	226 Fleet Str	eet
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the complex of the	of dying, e.g., (A)	pertensive-C	rombres. Podio Vincu	et Jus i 1947
TO THE DISEASE OR CONDITION	NOT RELATED N CAUSING IT.			
	19B. MAJOR FINDINGS OF OPE			YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?	If in Baltimore City, gi-	ve exact location)
ID. TIME (Month) (Day) (Year FINJURY	r) (Hour) 21E, INJURY OCCURF while at not while m. work at work		Y OCCUR?	
22. I hereby certify that I at deceased alive and	19 and that death occu	urred at m., from to	the courses and on the	that I last saw the e date stated above.
234 SIGNATURE .	My Mauel (M. D.	8014/Clus	orth	7/24/52
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 7/26/52		aus Bal		ryland
LOCAL REGISTRAR	inton Williams 10	25. FUNERAL DIRECTOR	SONS, 1808 EAS	STERN AVENUE
VS 150	0 1 1 1 1	Chales,	S. Son	sla,

	Halen Burn Burn Shire To sk			
THE PARTY OF THE				71- 7- 0
			A Charles and a self-	
	and the same of th		counday	
	Contract Contract			
	OTELOW VENEZUE		872 F	
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	man tent bear an other			Mp.
	president presidents	lands to a land		
	SELECTION OF THE SECOND SECOND			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 6932

BI	RTH NO.						
1. (T	NAME OF D					2. DATE OF	
Eugene Ellwood Kernan						DEATH TITTY	23, 1952
a. Baltimore City, Maryland 404 Pittman Place B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE (W	here deceased lived. If	f institution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	location)	c. CITY OR TOWN (If outside corporale limits, write RUR)L and give township)		
					Balto. Md:		
Yrs.					D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore 50 years Mos. Days							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WJDOWED, DIVORCED (Specify)					8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours last birthday Months; Days Hours Min.		
Male White Mar ried					July 13,1883	69	
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)					11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	anitor		Glen	n L. Martin	Harford Co. M	d.	
13. FATHER'S NAME AIRPLANES (4)					14. MOTHER'S MAIDEN NAME		
Eugene Kernan					Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS Christine Kernan 404 Pittman Pla		
					Cili 15 cille Kerii	all 404 Fit	
	18. 4 70 / I CAUSE OF				F DEATH INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g.,					ION	SUDDENLY
7	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
	PURANIC MYAC ARAITIS						Tears
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
AT	UNDERLYING CONDITION LAST.						
RTIFICATION	(C)						
K	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
L CE	TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
Q A					Lot- Wiles Bis (i	(6 '- D-14' 0'4	YES NO
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, grant in the control of the					give exact location)	
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21				ED 21F, HOW DID INJURY	OCCUR?	
L	F INJURY WHILE AT NOT WHILE						
	m. work AT WORK						
	22. I hereby certify that I attended the deceased from telescast, 1951, to full 23, 1953, that I last saw the deceased alive on full 23, 1952, and that death occurred at 42, m., from the causes and on the date stated above.						
				rrea at m., from t	he causes and on t	23c. DATE SIGNED	
	ZJA. SIGNA	TORE V		THE RESIDENCE OF THE PARTY OF T	236. ADDRESS		23C. DATE SIGNED
24	AA. BURIAL	CREMA- 248. DATE		M. D. 24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
TI	AA. BURIAL, ON, REMOVAL (S	pecify)					
	Burial	July 26		Slate Ridge	Whit	eford Md.	ADDRESS
	DCAL REGIST	RAR 1 1	1	1/11.	25. FUNERAL DIRECTOR		ADDRESS
JI	11 2410	59 Thurtu	ylon !	Vehicus My.	Ællsworth Ar	macost	
	VS 150		0 3	ブフロラナ	4600 Liberty	Heights A	ve.
				1 / 6 . 3 /			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6933

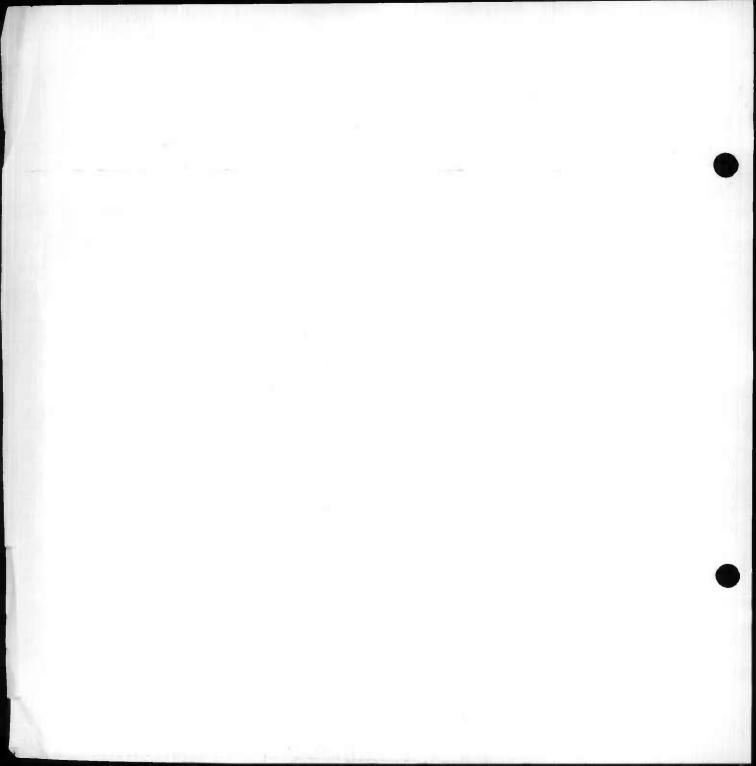
BI	RTH NO.						
1. (T	NAME OF D ype or Print)	Theres	a DI Ann	na		of July	22,1952
A.	PLACE OF D Baltimore (City, Maryland 20		fonument Street ion, give street address or	4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY	f institution: residence before admission)
H	SPITAL OR STITUTION	OF (II not in nospit	ar or institut	location)	c. CITY OR TOWN (If Baltimore	outside corporate im	its, white RURAL and give township)
G.	Length of st	tay in Baltimore	2	9yrs. Yrs. Mos. Days	D. STREET ADDRESS (If 2824 E. Monument	,	
f	sex emale	6. COLOR OR RACE white	widow	E. MARRIED. ZED, DIVORCED (Specify)	November 29,187	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
work	A. USUAL OC done during most of OUSEWITE	CUPATION (Give kind of f working life, even If retired) at home	none	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for Italy		U.S.A.
13	. FATHER'S N	Antony Fe	rtitta		14. MOTHER'S MAIDEN NA Pary Gigilo	AME	
15 (Yes	. WAS DECEASE , no or unknown) NO	D EVER IN U. S. ARMEI (If yes, give war or date NO	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Joseph D'Anna -sor		address nument Street
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TI UNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication is a complication of the	TH of dying, e.g. f dying, e.g. sted disease caused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	inuncy of	Varala de	ONSET AND DEATH
EDICAL		0	218. PLA		or 21c. WHERE DID (I	f in Baltimore City,	20. AUTOPSY? YES NO Z
MED	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING ABOUT						
22. I hereby certify that I attended the deceased from July 1954, to July 2, 1954 that I last saw deceased alive on 7/24, 1952, and that death occurred at 3 3 m., from the causes and on the date stated about							
D/	Larel Remark Roberto M. D. 1011 N. Charles St. 7/22/12 24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burial 7/25/52 Holy Redeemer Cem. Selair Rd. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS						
	SGL BEGISTRAR Home Schimunek Funeral Home Vs. 150 Vs. 150 Vs. 150						

THE RESERVE TO STREET

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6933

	BIRTH NO.								
(NAME OF D	Theres	sa ^D ! Ann	aa			of July	y 22,195	2
A	B. PLACE OF D Baltimore (FULL NAME	City, Maryland <8		Monument Stree	4. USUAL RESIDE	ENCE (Wh	B. COUNTY	l. If institution bef	: residence ore admission)
I H	HOSPITAL OR NSTITUTION	Ob. Of 116 11 Habite	At OF IRSULAL	don, give street address or location)	c. CITY OR TOWN	(If o	utside corporate	imits, vilite RU	JRAL and give township)
		stay in Baltimore	1	Yrs. Mos. Days	D. STREET ADDRE)	
	s.sex female	6. COLOR OF RACE		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	4		Months Days	Hours Min.
401	TUUSEWLLC		108. KIND	ON BUSINESS OR INDUSTRY	11. BIRTHPLACE (S			12. CITIZ	ZEN OF
	3. FATHER'S N	Antony Fe			14. MOTHER'S MA		ME		
(Y	5. WAS DECEASE (es, no or unknown)	ED EVER IN U.S. ARMED (If yee, give wer or date)) FORCES? a of ecryice)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Joseph D'Anna	a -som	2824 E. N	ADDRESS Monument	Street
RTIFICATION	DISEASES RISE TO T UNDERLY OTHER S	complication which c ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) TYING CONDITION LA	SES F ANY, GIVIN STATING TH AST.	(B)	Lagran Asage		the art being	-	
AL CE	TRIBUTING TO THE DI	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING I	T. maddalamada	RATION /	2 <u>/</u>	Breast	20. / YES	AUTOPSY?
1EDIC	LYING OF	DENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			in Baltimore Cit	y, give exact	location)
Σ	TID. TIME (FINJURY	(Month) (Day) (Year)		21E. INJURY OCCURR. WHILE AT WORK AT WORK		INJURY	OCCUR?		
22. I hereby certify that I attended the deceased from 195, to 26 3 , 1953 that I last s deceased alive on 125 and that death occurred at 3 3 m., from the causes and on the date stated									
	23A. SIGNAT	TURE		м. р.	38. ADDRESS	Charle	54.	23c. DA	TE SIGNED
II.	AA. BURIAL C ION REMOVAL (S Durial	7/25/52		24c. NAME OF CEMETE Holy Redeemer	1	elair	Rd.	wn, or county)	(State)
1 -	ATE RECEIVED	RAR	SSIGNATU	JRE	25. FUNERAL DIRE Chimunek Fun	ector meral H	lome	ADDRES	s
-									



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

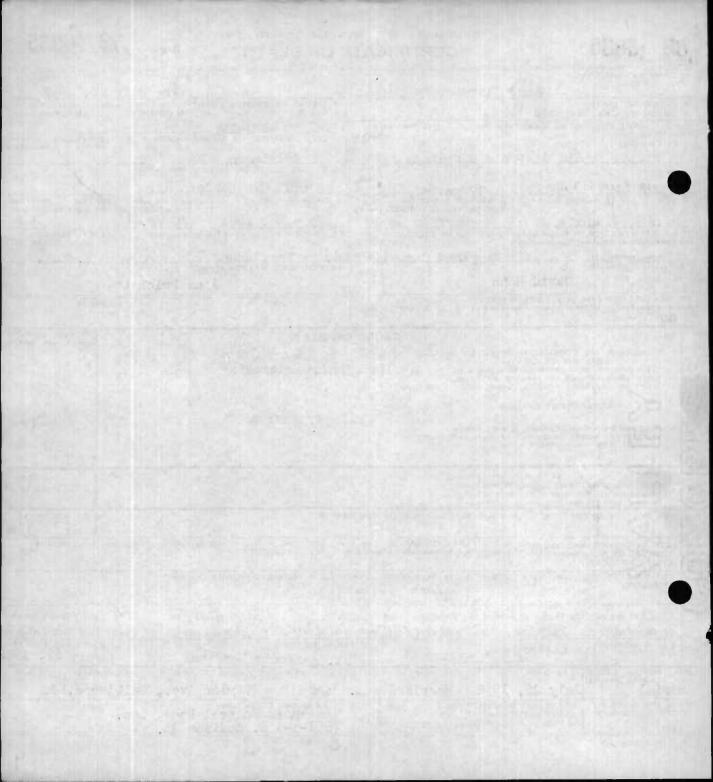
52 6934
Registered No.

BIRTH NO.							
1. (T	NAME OF D	ECEASED Ca	therine	Kopilak		2. DATE OF DEATH	uly 22,1952.
3. A.	PLACE OF D Baltimore (EATH: City, Maryland400	N. St	reeper Street	4. USUAL RESIDENCE (V	Where deceased lived B. COUNTY	L If institution: residence before admission)
HO	FULL NAME DSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (III Baltimore		mits, writh RURAL and give township)
				Yrs. Mos.	D. STREET ADDRESS (If)
	Length of S	tay in Baltimore		Days	400 N. Streeper		
5.	female	6.COLOR OR RACE	WIDOW	E, MARRIED. (ED, DIVORCED (Specify) LCC	Nov 1,1894	9. AGE (In years last birthday)	Months Days Hours Min.
work	A. USUAL OC doneduring most	CUPATION (Give kind of of working life, even if retired) at home	10в. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Czechoslovakia	oreign country)	12. CITIZEN OF WHAT COUNTRY?
_	. FATHER'S				14. MOTHER'S MAIDEN N	AME	0.5.
13	. FAIRER 5 I	NAME	unk	mown	14. MOTHER'S MAIDEN N	unknowi	n
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17.INFORMANT Jos. Kopilak - h	usband, abo	ADDRESS
CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode of the compleation which of the compleation is compleated by the compleation of the compleating the completion of the death, but its completion completions of the completion of the completion is completed by the completion of the completion is completed by the completion of the completi	TH of dying, e. 1 of dying, e. 2 of dying, e. 2 of disease aused death ses F ANY, GIVIN STATING THE ST. TIONS CONNOT RELATE	(B)	NARY THROM,		1400x
AL	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION	15.305	YES NO
MEDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (to.) INJURY OCCUR?	If in Baltimore Ci	ty, give exact location)
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
2/2/							9, that I last saw the
deceased alive on 7/24, 195, and that death occurred at A. m., from the causes and on the date stated of							
	23A, SIGNA		3. m		3B. ADDRESS	rue	23c. DATE SIGNED
24	A. BURIAL, SON, REMOVAL (S	GREMA- Specify) July 25,		St. Stanisla	RY OR CREMATORY 240. L	ocation (City, to	own, or county) (State)
D/	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home 2601-03-05 E. Madison						
	VS 150		0		6 9 3 3		

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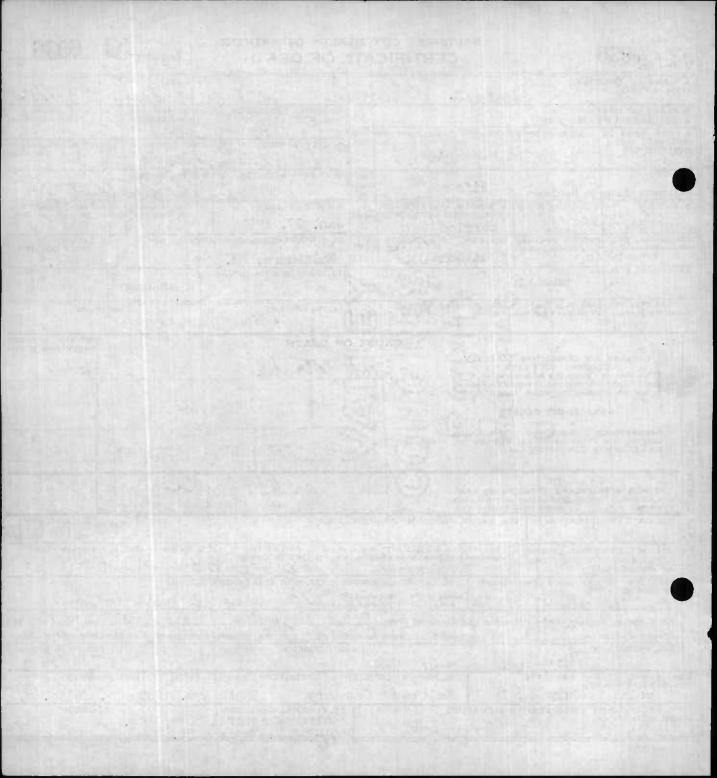
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

Ві	RTH NO.			CLICITI ICAT	L OF DEAT	П	
1.	NAME OF D	2. DATE					
		Hohn.	Clare	nce Randolph		OF DEATH July	7 22, 1952
A.		City, Maryland			A. STATE	ENCE (Where deceased lived, I B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or insti t ut	ion, give street address or location)	c. CITY OR TOWN	/ Land (If outside corporate limi	ts, write RURAL and give
4		St. Josep	h's Ho	spital	Baltir	nore 7./	-U / township)
	math of a	tay in Baltimore		Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location)	
5.	SEX	6. COLOR OR RACE	7 SINGL	Vears Days E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRT	Ld Harford Rd.	If Under 1 Year If Under 24 Hours
						last birthday) M	onths Days Hours Min.
	Male A USUAL OC	White CUPATION (Give kind of		arried OF BUSINESS OR	July 28,	State or foreign country)	
work	done during most	of working life, even if retired)		INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13	Laundry FATHER'S	man NAME	Maryl	and Casuality	Co. Mary	land NIDEN NAME	U. S.A.
		David Ho	ohn	4hJourne		Anna Pricheti	
15 /Y~	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	no	(11 Jon, give war or date)	ot nervice)	SECURITY NO.			100/1200
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertension DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH		
AL	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			
	21D, TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	Mooki		m.	WHILE AT NOT WHILE			
	22. I hereb	v certify that I att	ended the	deceased from Ju		2 to July 22 , 195	2 that I last says the
	deceased a	live on July 22	1952	and that death occur	red at 4:40P m.	, from the causes and on t	he date stated above
	23A. SIGNA				3B. ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23c. DATE SIGNED
		2		M. D.	St. Joseph's	Hospital	July 22, 1953
24 TIO	A. BURIAL, ON, REMOVAL (S	REMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	or county) (State)
	urial	July 26,		Moreland Mem.		Taylor Ave., Balt	
	TE RECEIVE		Ton 1	ILIAMA M.D.	Schimunek J	Funeral Home, Inc. Madison St.	
-	Vs 150	952	44,5	2	7 0 D	Madison St.	
	VS 150			10	2022	J	



L	150		BAL	TIMORE CITY HE	EALTH DEPARTME	NT E	2000
5	2 69. RTH NO.	36		CERTIFICATI		Registered N	<u>6 6936</u>
(T	NAME OF E	160	nes!	1. Plin	a	2. DATE OF DEATH TULL	123,195-2
Α.	Baltimore Full NAME	City, Maryland	tal an inatitut	ion, give street address or	4. USUAL RESIDENCE	Where deceased lived, If	nstitution: residence before admission)
H	OSPITAL OR STITUTION	JOHNS HOPKIN		location)	c. CITY OR TOWN Dalte	(If outside corporate limit	, write PCRAL (nd give t wnship)
		stay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRESS	(M reral, live location)	ent St
Je.	male	White	7. SINGLE WIDOW marri	E, MARRIED, (ED, DIVORCED (Specify)	B. DATE OF BIRTH Jan. 27, 1891	9. AGE (In years More Mo	Under I Year If Under 24 Hours nths Days Hours Min.
worl	done during most		108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State Baltimore, Md		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	unknown			14. MOTHER'S MAIDEN	n name unknown	
15 (Yes	. WAS DECEAS	ED EVER IN U, S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS	HOPKINS HOSPITAL	DDRESS
FICATION	(This does heart failt in jury or DISEASE RISE TO 1	SE OR CONDITION LEADING TO DEA are, asthenia, etc. It men complication which of ANTECEDENT CAUS S OR CONDITIONS, 1 THE ABOVE CAUSE (A)	TH of dying, e. g ons the disease caused death SES F ANY, GIVIN STATING TH	(B)		TION APPROVED BY	6h
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D	CHIEF OR A	M. D. SST. MEDICAL EXAMINER,	
AL	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		ENT WAS LINDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City, g	l ST.
	F INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK		- to Rothe	athu
	deccased a			and that death becur	23, 19,2, to	m/the causes and on th	2that I last saw the e date stated above.
24	23A. SIGNA	Momen	Riter	M. D.		ELOCATION (City, town,	7/2/52 or county) (State)
TIC	Buria	July 26,	1952	Baltimore Cen		th Ave. & Rose St	
LC	CAL REGIST	BAR Hunting		Mialus Mar.	Schimunek Fune:	ral Home, Inc.	ADDRESS
	VS 150 N - 981.3						

causes or again againy and legibly.



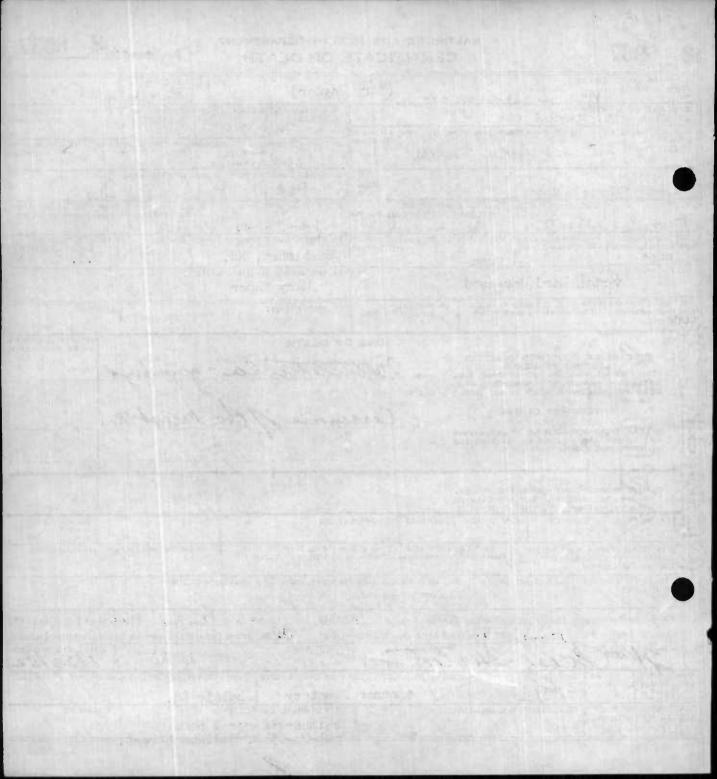
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one causes or uearn creatily and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 6937

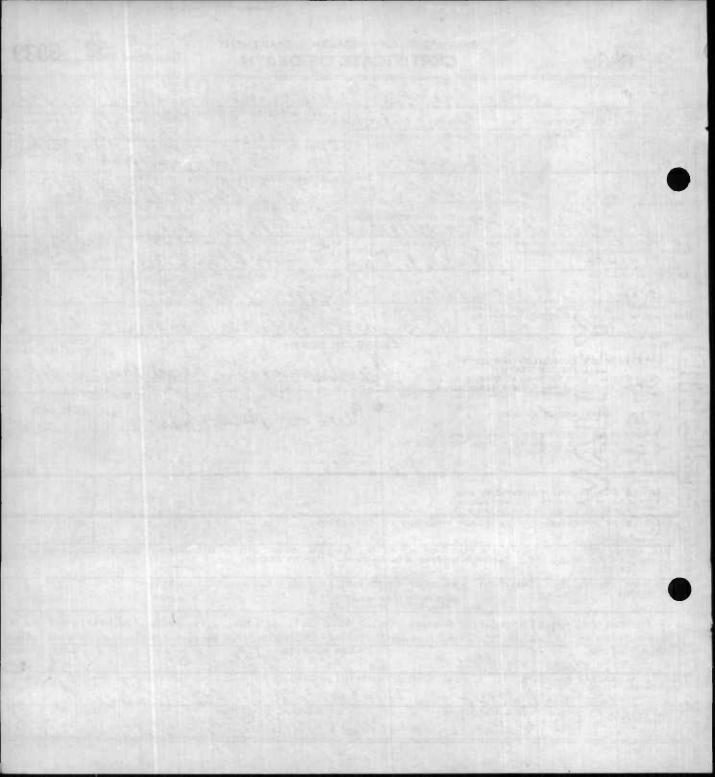
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Munic 5	(Mary	Snyder)	2. DATE OF DEATH Jul	n 23, 1957.
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give streen HOSPITAL OR HOPKINS HOPKINS HOSPITAL	eet address or location)	c. CITY OR TOWN (If	outside corporate limit	s, white HURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If)	rural, give location)	(A 40 a
Female With Widowed, DIVOR	CED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	t Under I Year If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) none 10B. KIND OF BUSIN		11. BIRTHPLACE (State or fo Baltimore, Md.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin Ward(deceased		14. MOTHER'S MAIDEN NA Mary Kuper	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dutes of service) SECU	AL RITY NO.	17. INFORMANT HOP	KINS HOSPITAL	DDRESS
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Care	eslelle Ca- enoma Jthu	- generaliza breast fr	* .)
19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, str CAUSE OF DEATH	URY (e. g., ir	or 21c, WHERE DID (Industrial Injury Occur?	f in Baltimore City, a	give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJUR	Y OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased of deceased alive on 23, 1952, and that d	leath occur		ne causes and on th	that I last saw the he date stated above.
TION REMOVAL (Specify)			ir Rd.	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUL 24 1952	in Moto	25. FUNERAL DIRECTOR Schimunek uneral	. Home	ADDRESS
VS 150	8		ween street.	



) 2	420 6938 BIRTH NO. 3	1-11369		TIMORE CITY HE	EALTH DEPARTM E OF DEATH	ENT Registered	- Ro.	6938
	1. NAME OF E (Type or Print)	PECEASED	nda	- B.	lock	2. DATE OF DEATH RU	ly 2	41/52
	3. PLACE OF D	City, Maryland	lopkins	- /	4. USUAL BESIDEN	CE (Where decensed lived, B. COUNTY	y institu	ution : residence before admission)
11	B. FULL NAME HOSPITAL OR INSTITUTION	JOHNS HOPK		ion, give street address or location) PITAL	c. CITY OF TOWN	Alfantside corporate	mits writ	te RUPAL and give township)
	c./Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If ryfal, give location)	ie	Way
X	emale !	6. COLOR OR RACE white		E. MARRIED. (ED. DIVORCED (Specify)	May 8,1951	9. AGE (In years last birthday)	If Under I	Year If Under A Hours Days Hours Min.
A.	MA. USUAL OC fork done during most NONE	CUPATION (Give kind of of working life, even if retired)	10B. KIND	of Business or INDUSTRY None	11. BIRTHPLACE (Sta Baltimore	te or foreign country)		U.S,
	13. FATHER'S	Gil Blo	ck		Jane De G			
	15, WAS DECEAS (Yee, no or unknown)	- 101 61	FORCES? of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT JOHNS	HOPKINS HOSPITA	ADDRE	ss
	DISEASE RISE TO TUNDERLY	Inc. asthenia, ctc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	ns the disease aused death ES ANY, GIVIN STATING TH	DUE TO	welsions - spiration			
	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D Filmore	tie Disease			
	A	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)							
	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from 7/2 4 1952, to 7/2 4, 1954, that I last saw the deceased alive on 7/2 4, 1952, and that death occurred at 8 2 4m., from the causes and on the date stated above.							
	23A. SIGNA		Linter	M. D. 2	JOHNS I	HOPKINS HOSPITA	230	G. DATE SIGNED
	24A. BURIAL,		26,1952	Oak Lawn Co	emetery.	Ad. LOCATION (City, to Eastern Ave	wn, or co	unty) (State)
	DATE RECEIVE LOCAL REGIST	RAR	SIGNATU		25. FUNERAL DIRECT	TOR Jal Home 2601-		E. ^d adisor
11"	VS 150							

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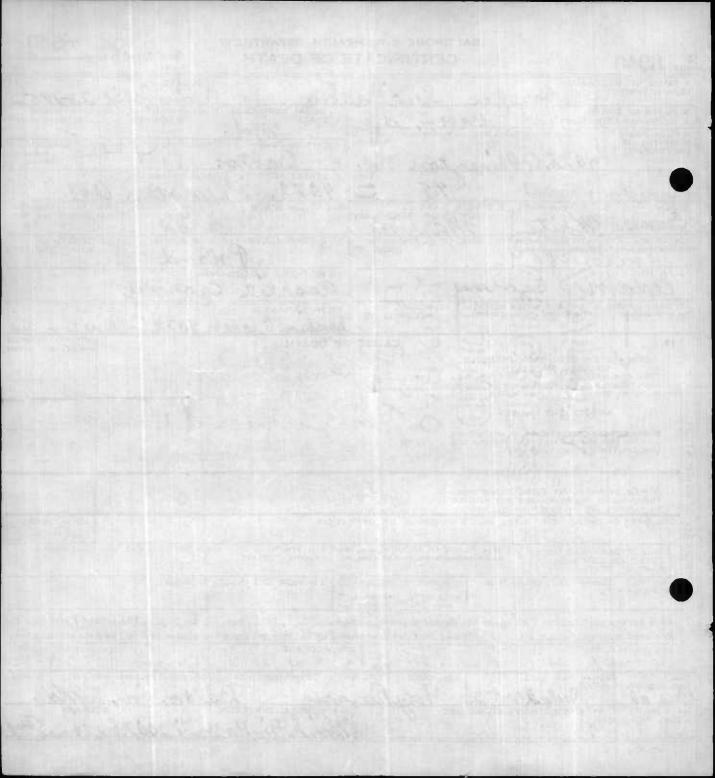
BALTIMORE CITY HEALTH DEPARTMENT Registered No 2 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If in titution : residence 3. PLACE OF DEATH: A Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location' HOSPITAL OR ite RUJUAL the giv C. CITY OR TOWN (If outside corporate limits, y INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Secily) last birthday) Months: Daya Hours: Min. OF BUSINESS OR INDUSTR 10A. USUAL OCCUPATION (Give kind of work done during most of working file, even if retired) 10B. KIND BIRTHPLACE (State or foreign country) 12. CITIZEN OF eleree 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ECTIVE ASSN. 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (If yes, give war or dates of service (Yes, no or unknown) SECURITY NO ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Cerebral Henry husges injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DICAL YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 1D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WORK L 22, 195 to 195 that I last saw the 22. I hereby certify that I attended the deceased from. les July 4, 19 52 and that death occurred at 12:40 tm., from the bauses and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A SIGNATURE 23B. ADDRESS 24c. NAME OF GEMETERY OR CREMATORY 24AC BURIAL, CREMA-TION REMOVAL (Specify) 1/24D. LOCATION (City, town, or county) 24B. DATE FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



CERTIFICATE OF DEATH

Registered No. 52 6940

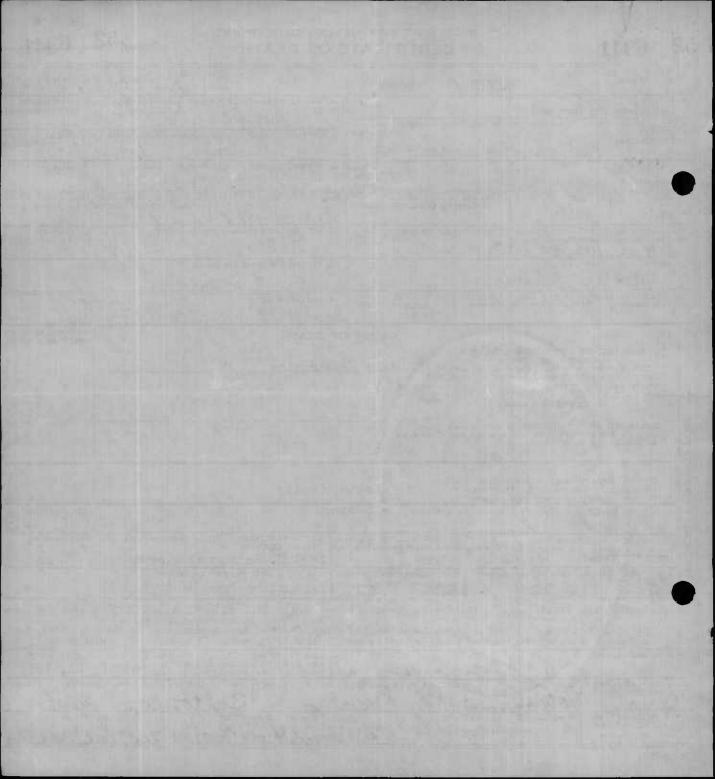
-BI	RTH NO.			CERTIFICATI	_ OI DEATI	•	
	NAME OF D	DECEASED OOL	la	Sucin	ka	2. DATE OF DEATH	uly 23-195-2
A.		City, Maryland	Ba	lto City	4. USUAL RESIDE	NCE (Where deceased liv B. COUNT	ed. In nstitution: residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institution	on, give street add (ss or location)	c. CITY OR TOWN	(If outside corporate	
		4078. Cot	ling	ton ang.	Bal	to-	township)
G.	Length of s	tay in Baltimore	0	45 Yrs.	4078. C	of of Mata	n ave.
	SEX TOMA PO	6. COLOR DR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year to birthday	rs I Under 1 Year I Under 24 Hours Months Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
	Hou	of working life, even If retired)		INDUSTRY		Poland	WHAT COUNTRY?
13	And An	M Cr	orny		RAADIO	DEN NAME	
15 /V~	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	Cycord	ADDRESS
(100	, no or unanown)	(11 year, give war or date	a or service)	SECURITY NO.	Sophia Pl	acel 4078.	ollington ave
	18. 44	7 X 1E931	19	CAUSE	OF DEATH		NSET AND DEATH
		SE OR CONDITION	TH		len let		
	heart failu	s not mean the mode of tre, asthenia, etc. It mea complication which of	ns the disease			7	
	mjuly of			0 202 10	+	٨	
z		ANTECEDENT CAUS		(B) h	yearlen.	in art	2cf dine
임	RISE TO T	S OR CONDITIONS, I	STATING THE	E DUE TO	71		In years
CA	UNDERLY	YING CONDITION LA	IST.	(C)		***************************************	
TIF		11	4-1	0	0		
ERTI	TRIBUTING	GIGNIFICANT CONDI	NOT RELATED	he	at		
U		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL		0					YES ND
MEDIC	21A. ACCIE LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i rm,factory,street,office bldg.,			City, give exact location)
	F INJURY	(Month) (Day) (Year)	w	HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
	22. I hereb	y certify that I att		1	1.6: ,148	to July 13,	1952, that I last saw the
	deceased a	live on Mar. 6		end that death occur		from the causes and	on the date stated above.
		gmund (.	nou	ran M.D.	40 f S. Pa	th. Oh- an	, 23c. DATE SIGNED 7-23-52
24	N. REMOVAL	PREMA- 24B. DATE Quille 36	-5-2	Holy Ros	RY DR CREMATORY	Balto.	town, or county) (State)
LC	CAL REGIST	RAR 052	SSIGNATU	VIII aves Northan	Way & FOOD	RAMBI 201	12 Esto a Cry
-	VS 150	JUZ I I I I I I I I I I I I I I I I I I I	0	333	THE PARTY OF THE P	WW MU AV	/ many



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered NZ 6941

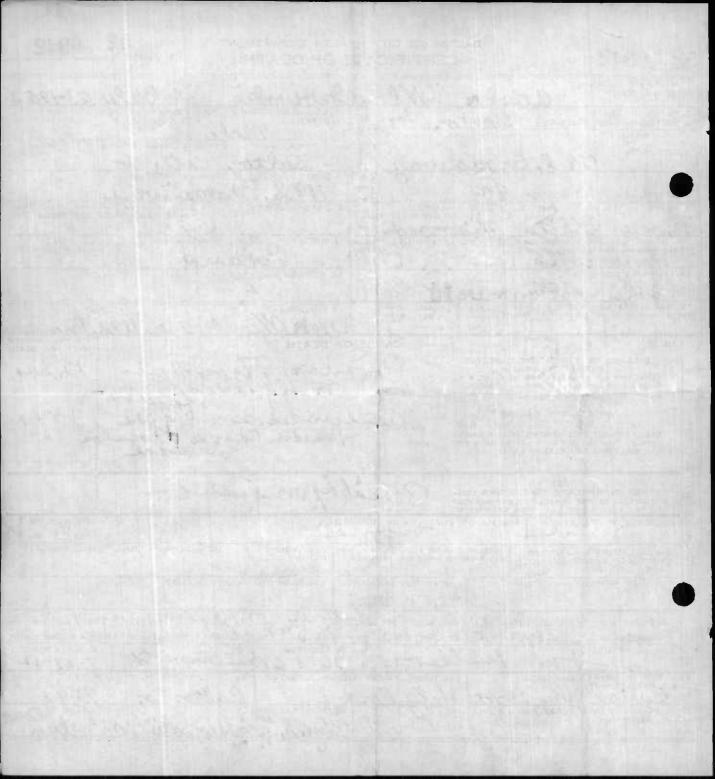
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) WALTER A. AKOMON	2. DATE OF July 23, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF I not in hospital or institution, give street address of HOSPITAL OR location	(4)
Johns Hopkins Hospital	Baltimore 6-04 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos.	2027 F The formation & American
Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
male white WIDOWED, DIVORCED (Specify	Oct. 31-1917 last birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTR'	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Left employed Javern Owner	Balto.
Walter akonom	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT . ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Sophie akonom 2031E, Fairmountair
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH OPERATE OF DEATH OPERATE OF DEATH OPERATE OF DEATH
OTHER SIGNIFICANT CONDITIONS CON-	ne obesity
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINIS 19B. MAJOR F	RATION 20. AUTOPSY?
	YES NO T
21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bidg. home 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURE 21c. INJURY OCCURE WHILE AT NOT WHILE AT WORK AT WORK AT WORK	in or 21c. WHERE DID (If in Balthmore City, give exact location) INJURY OCCUR? 2031 E. Fairmount Avenue 21f. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, S , accident M, suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETE	
Burial July 28-1952 Holy Pos	ary Balto- Co. Mol-
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Olimi, & Fig. 18 2007 Canton Olio
vs 151 N - 981.3 290	6M



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6942

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) adela Wlad	bouski of Death July 23-1952
a. Baltimore City, Maryland Balto City	4. USUAL RESIDENCE (Where deceased lived, It stitution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street or dress or HOSPITAL OR	C. CITY OR TOWN (If outside corporate mits, write RULL and give
119 & Broadway	Balto, City L township)
Length of stay in Baltimore 40	D. STREET ADDRESS (If rural, give dation)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min.
Ilmale White Widowed	76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Polomed 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John zvorowski	
15. W DECEASED EVER IOU, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Olok What kowils 119 & Brandwa
18. 420.1 E931.4 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The state of the s
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	my nomber 12mg.
injury or complication which caused death.) DUE TO	o hyperretailer
ANTECEDENT CAUSES	understee 4 Km per 3-44/10.
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	tenere Cardo Mascular
UNDERLYING CONDITION LAST. (C)	Dirbiel
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	by ourbeiled -
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A ACCIDENT WAS LINDED 21B, PLACE OF INJURY (e.g., ix	155 105
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	13 1957 to July 13, 1957 that I last saw the
dcccased alive on 19 19 and that death occur	red at 6 50 m., from the causes and on the date stated above. 3B. ADDRESS 23c. DATE SIGNED
In Willer M. D.	1613 6 Bellunde St 7-23-52
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
DATE RECEIVED BY RECUTAR'S SIGNATURE.	26 FUNERAL DIRECTOR ADDRESS A
LOCAL REGISTRAS2 Tuntington Validius, M.J.	Wm. S. Fralslowski 2007 Carter
VS 150	6 9 7 0

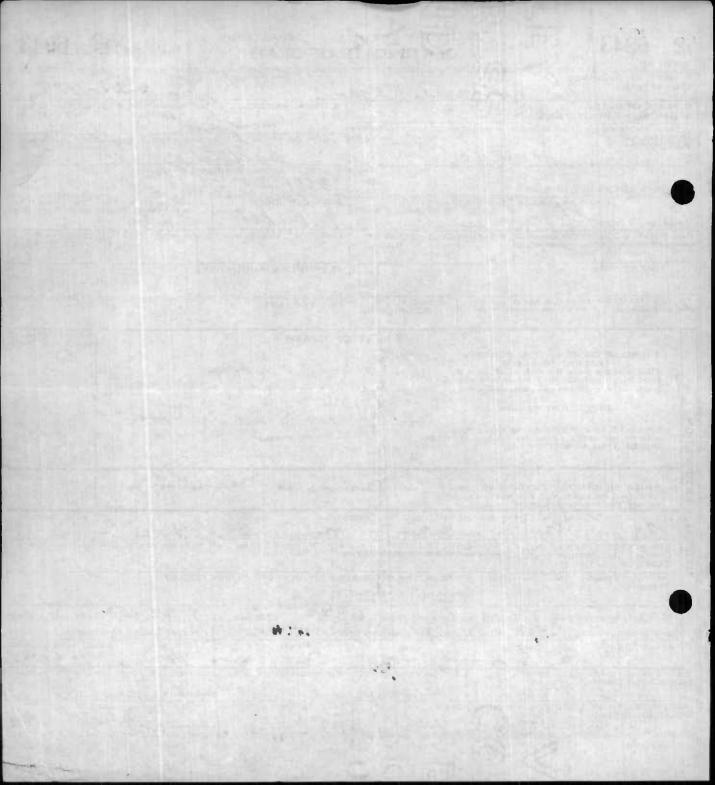


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BALTIMORE CITY HEALTH DEPARTMENT

Registered No 6943

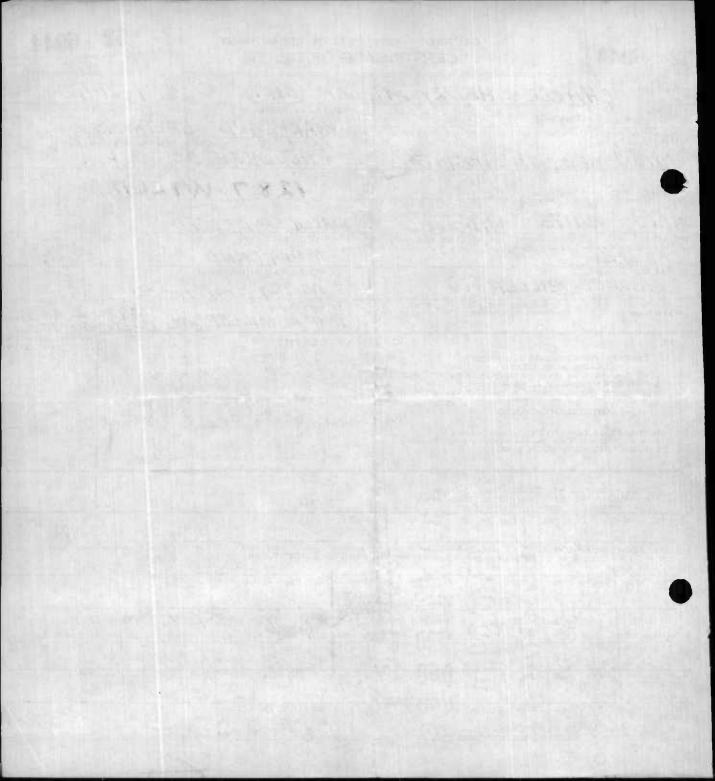
CERTIFICAT	E OF DEATH Registered No.
BIRTH NO.	REDA
(Type or Print) His Katherine Place	OF 4-12-1952
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of	manyland
HOSPITAL OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write KNRAL and give
0/. Agns Hospilar	pallmere 1
Yrs. Mos.	D. STREET ADDRESS (If rural, give logation)
ength of stay in Baltimore Days	
Emale while Specify	
10A. USUAL OCCUPATION (Give kind of lob. KIND F BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
INDUSTRY	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Street Street Street	Maky Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY. NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY. NO.	
18. 760 X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSE! AND BEATH
(This does not mean the mode of dying, e.g.,	lm. edema.
heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO	DO Provers
	0000
ANTECEDENT CAUSES	eriosel Cardio Vasa.
O DISEASES OR CONDITIONS, IF ANY, GIVING	2
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CON-	1 1 2 20 10 1
M TRIBUTING TO THE DEATH, BUT NOT RELATED	and the same
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 2 20. AUTOPSY?
29 June 152 Amendation -	Man less less less no E
U 21 ACCUENT WAS AWARD 1 218 PLACE OF INJURY (A.S.	in or 21C. WHERE DID (If in Baltimore City give exact location)
LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg	,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	7-28, 1957to 7-22, 195, that I last saw th
	erred at 11', 40 R from the causes and on the date stated above
	238. ADDRESS 23c. DATE SIGNED
Mid. Jamo Ma	XX Names Otoms 12-25-25
24A. BURIAL, CREMA- 24B. DATE 110N, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City town, or county) (State)
Burse 1/26/52 Casher	use led Frequerely
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUL 241951 Ht. t. ton Williams A	1 Jalen gline 1248 Light
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6944 Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) CHARLES HENRY MILL	ER (MR.) 2. DATE OF 7-21-52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits) write (IRAL and pive				
UNION MEMORIAL HOSPITAL	BALTIMORE 30 LT township)				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
c. bength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8, DATE OF BIRTH 9, AGE (In years if Under I Year ij Under 24 Hours				
MALE WHITE WIDOWED (Specify)	MARCH 29, 1882 70 Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
LABORER 13. FATHER'S NAME	MAICY LAND U.S.A. 14. MOTHER'S MAIDEN NAME				
GEORGE MILLER (D)	MARY SMITH (D)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO.					
SECORITY NO.	JOHN M. MILLER (SON) BALTIMORESO, MD.				
9	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not make the make of driver or make the make of the m	andial Imparation				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES					
Z DISEASES OR CONDITIONS, IF ANY, GIVING	vacceron Heart disease				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ralised arteriorslessis				
0					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreot, office bldg., c					
?1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY					
m. WHILE AT NOT WHILE MY WORK					
22. I hereby certify that I attended the deceased from John	rcd at 11:35 Pm., from the causes and on the date stated above.				
	33B. ADDRESS / / 23C DATE SIGNED				
lesse D. Hubbard M.D. 9	monethemonal Hosps, July 22, 1957				
24A. BURIAL, CREMA- 24B. DATE 1248 NAME OF CEMETE	RY OR CREMATORY 245. EDCATION (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS,				
LOCAL REGISTRAR 24 1952 4 4 4 1/4. C	of & Lange 2 James 1218 Light.				
VS 150	9.0				
7 10 9					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regi

Registered No. 6945

B1	RTH NO.			CLICITI ICATI	L OI BEAT			
1. NAME OF DECEASED (Type or Print) John A. Maier						2. DATE OF		
				Maier	DEATH JULY 22, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE BALTIMORE Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			c. CITY OR TOWN	*	mits, write ROBAL and give			
	STITUTION	821 N. Patte	erson P	ark Ave			township)	
Yrs.			Balti					
	ength of s	stay in Baltimore		Mos. Days	D. STREET ADDRESS (If rural, give location) 821 N. Patterson Park Ave			
5.	SEX	6. COLOR OR RACE		E. MARRIED,	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours			
	M	W	Wido	VED, DIVORCED (Specify)	FEB 26, 18	F78 last birthday)	Months Daya Hours Min.	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
- 10	and and and	YCLERK	1 -111	THOUSE	Maryland U.S.A			
	FATHER'S		VYAICE		14. MOTHER'S M.	AIDEN NAME		
	CONA	CAD MAL	ER		NOT KA	NOWN		
	. WAS DECEAS	ED EVER IN U. S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(10	, no or unimown)	(11 yes, give war of date	of or services	SECURITY NO.	Mrs. Moff	ett(Daughter) 82	1 N. Patterson F	
	18. ~	21X.		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY						ONDE! AND DEATH	
	(This doe	LEADING TO DEA		Cerel	oral Hemorrh	age	4 Hrs	
	heart fail	ure, asthenia, etc. It mes	ans the diseas	se,				
	injury or	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES Cerebral Arteriosclerosis							
N	DISEASE	S OR CONDITIONS,	IE ANY GIVIE	(B)	prar vr cerr	OSCIETOSIS		
F	RISE TO	THE ABOVE CAUSE (A)	STATING TI					
RTIFICATION	UNDERE	TING CONDITION L	ADI,					
E		11		(c) Gene	eralized Art	eriosclerosis		
RT	OTHER	SIGNIFICANT COND	ITIONS CO	N-				
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
CAL	None				None YES NO X			
200	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in						y, give exact location)	
EDI	HOMICIDE	(Specify) None	about nome,	No ne	etc.) INSURT OCC	None		
Σ	21b. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DI	D INJURY OCCUR?		
	F INJURY	None	m.	WHILE AT NOTE WHILE		None		
	22 I home	by certify that I at				0, to July 22 , 19	52 that I last saw the	
	deceased a	ding on July 22	10 52			a., from the causes and or		
	23A. SIGNA		_, 10_1bi,		23B. ADDRESS	i, j rono ciro caracco arta ci	23c. DATE SIGNED	
	2011	(Oliver Se	Y	Cainy M. D.	2722 E. Mo	nument St	7/22/52	
2	A. BURIAL,	CREMA- 24B, DATE	0 - 1 - 0	24c. NAME OF CEMETE	RY OR CREMATOR	24D. LOCATION (City, to	wn, or county) (State)	
	N. REMOVAL (-52	HOLY RED	FEMED	BALTIMORE	Ato.	
-6	ATE RECEIVE				25 FUNERAL DI	RECTOR	ADDRESS	
	CAL REGIS		1 JA1	111: 11:33	ED CHA .	FOR SOME GOOM	CHECTERCY	
Ш	24 105	2 Houting	low IV.	Marya, My C.	THE STATE	אוטטן ביווטניין	CME JIEN)/	
	VS 150	0		7 3000	-5			
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	0040	EALTH DEPARTMENT				
	IRTH NO.	E OF DEATH	Registered No.			
	Sype or Print) hosselphine she	enu !	OF July 23/52			
	PLACE OF DEATH: Baltimore City, Maryland	1460.4.	re deceased lived. If institution; residence B. COUNTY before admission			
H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location)		tside corporate fimits, write RUMAL and giv			
11	ISTITUTION 2002 ASHLAND AVE	BALTIMO	ORE 1-07 township			
	ength of stay in Baltimore	D. STREET ADDRESS (If rur	al, give location)			
3	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9	AGE (In years If Under 1 Year If Under 24 House			
1	EMALT WHITE MARRIED	1884	last birthday) Months Days Hours Min.			
WOT	A. USUAL OCCUPATION (Give kind of close) during most of working life, even if retired) OUSE WIFE INDUSTRY		gn country) 12. CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E			
_	CHARLES SYESDA	BARBARA SEK	YRA			
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS ADDRESS			
	18. 4rr. 1 and F. 931.0 CAUSE	OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY Carchel Direct for the Direct NO DEA					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	ANTECEDENT CAUSES ANTECEDENT CAUSES Of Conded To Color of S/1950					
TION	DISEASES OR CONDITIONS, IF ANY, GIVING					
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Est Exhaus	ton 7/20/52			
RTIFICA			1			
Ш	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		A STATE OF THE STATE OF			
U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B.	RATION				
DICAL	0	Lote muses are	YES NO			
ш	218. PLACE OF INJURY (e.g., i LYING OR CONTRIBUTING about home, farm, factory, street, affice bldg., CAUSE OF DEATH		n Baltimore City, give exact location)			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY		CCUR?			
	m. WHILE AT NOT WHILE AT WORK AT WORK		0 = 3 15			
	deceased alive on 23, 19 and that death occur		, 19 , that I last saw th			
		23B ADDRESS	causes and on the date stated above			
24	A BURIAL CREMA- 245 ATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCA	ATION (City, town, or county) (State)			
TIC	REMOVAL (Specify) 7-86-52 HOLY REOL	EEMEA BALL	TIMORE MAD			
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS			
it	12 /2 /2005 1 to store Will Dub MD. 6	FR. CYACK -SONE	GOON.CHESTER ST			
	N - 981 X					

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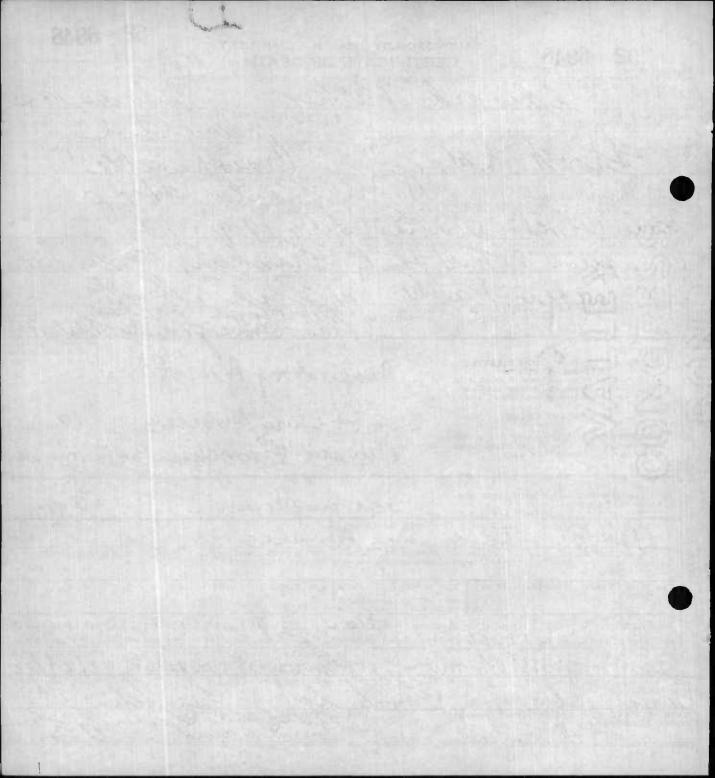
BALTIMORE CITY HEALTH DEPARTMENT

52 6947

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 1100 VICH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or /forpital location) HOSPITAL OR . (If outside corporate limits, write BURAL and give C. CITY OR TOWN INSTITUTION 4 Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. JINGLE 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Warehouseman. 14re Co 1351a 48812 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 1350 8 INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT AT WORK WORK (4; that I last saw the 149 22. I hereby certify that I attended the deceased from. a m., from the causes and on the date stated above. diceased alibe on_ and that death occurred at L 234 SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) ADDRESS DATE RECEIVED BY SIGNATURE LOCAL REGISTRAR

de Chideckel

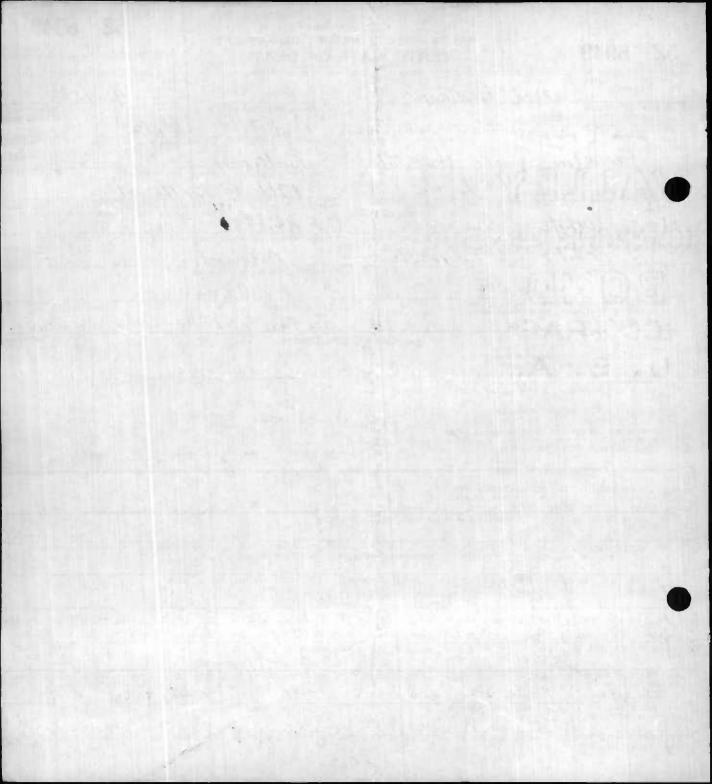
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52 6948 BALTIMORE CITY HEALTH DEPA	WINDINI TO THE PARTY OF THE PAR
1. NAME OF DECEASED (Auvard, Parker)	2. DATE 0 10 - 1
10000 0000	SIDANCE (Where deceased live). If institution; weidence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR	WN (If oyede corporate limits, write RURAL and give
The Yrs. D. STREET	Towhsulle township) DRESS (If rural, give location)
Length of stay in Baitimore Mos. Days 6. COLOR OR RACE 7. SINGLE MARRIED 8. OF E. OF B	ill Hosp.
hale Colored Single (Specify) Feb. 6.	1919 last hirthday) Mooras Days Hours Min.
10A USUAL OCCUPATION (Givekind of 10B, KIND OF USINESS OR INDUSTRY INDUSTRY INDUSTRY	CE State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME POLICES 14. MOTHER'S	MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	loyd farkers
18. 5 26 X CAUSE OF DEATH	Mover find live: Phila. Fa INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Respirator	y Arrest
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	a Abscess 10 months
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO CHYOTIC V	Bronchiectosis 10 months
THE OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	irenia 24rs
19a. Date of operation 19b. Major Findings of operation 122/52 Left Lung Absce	20. AUTOPSY? YES NO E
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OF	
F INJURY WHILE AT NOT WHILE	DID INJURY OCCUR?
	951, todaly 22, 1957, that I last saw the
deceased alive on 14 17 1952, and that death occurred at 2:30 23A. SIGNATURE 23B. ADDRESS	Mr., from the causes and on the date stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME - CEMETERY OR CREMAT	DRY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY A REGISTRATE'S SIGNATURE 1 26 SONERAL	Transchin !!
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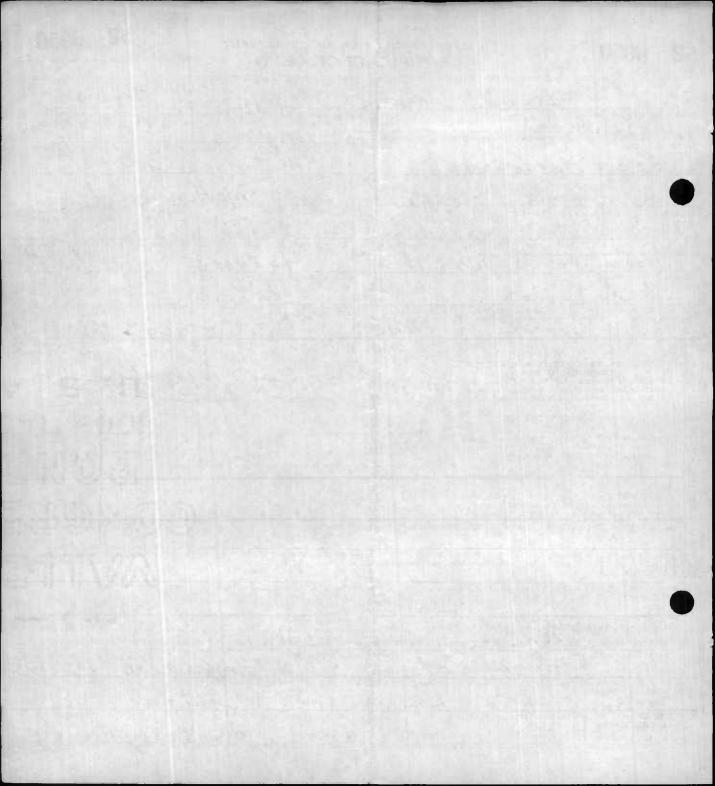
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BALTIMORE CITY HEALTH DEPARTMENT

_ B	0740			CERTIFICAT	E OF DEAT	H	Registered	No	
	IRTH NO.								
(2	NAME OF DECEAS	()	2			2.	DATE.	7//_	
		ock Rell,	GeR	TRUDE			EATH	122/52	
	Baltimore City, 1				A. USUAL RESIDE	ENCE (Where	deeeased lived."	If institution : reside before adm	
	FULL NAME OF		al or institut	ion, give street address or			Dalta		110101011
H	OSPITAL OR	•		location)		(If outside	le corporate lir	nits, write RURAL a	nd giv
15	ISTITUTION	1:1-5	0	U.nt1	Roll		1		wnship
-	INTING	UN Ogi	lake	Yrs.	D. STREET ADDRE	more	give location)	1-4	
			/	Mos.	J. STREET ADDRE	110	give location)	1	
	ength of stay in		-) / C Days	17/1	W. 121	9/10 01		
5	SEX 6.CO	LOR OR RACE	7. SINGLI	E. MARRIED. ÆD, DIVORÇED (Specify)	8. DATE OF BIRTH	1881 9. 4	GE (In years	If Under I Year If Under Months: Days Hours	24 Hours
	te u	hite		dowed	Oct. 26,18	884	76	24,5	141111.
10	A. USUAL OCCUPA	TION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE	State or foreign		1 12. CITIZEN OF	-
wor	done during most of workling		-77	1 JNDUSTRY	02-0	1 /		WYAT-COU	NTRY
13	B. FATHER'S NAME	11/6	10	762116	/ /ak	yland	•	1 9.0.14	
1	. TATHER'S NAME	1 1			14. MOTHER'S MA	DEN NAME			
		121401	Un.		U	NKnou) n)		
15 (V.	o, no or unknown) (If y	R IN U. S. ARMED	FORCES?	16, SOCIAL	17. INFORMANT			ADDRESS	_
1,2,	(1) ()	NONE	- or service)	NONE	MRS. EARL	Proth	17/1	4/ 3A/ta	54
-	100	NO NO C				10011	. /// .	UNTERVAL OF	0/.
	18. 331X	1		CAUSE	OF DEATH			ONSET AND	DEATH
	DISEASE OR CONDITION DIRECTLY					100			
	(This does not m	(This does not mean the mode of dying, e.g., (A) Cerebral herewhole (8 he							4
	heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO								
				1/					
_	ANTECEDENT CAUSES								
O	DISEASES OR C	DISEASES OR CONDITIONS, IF ANY, GIVING							
Ĕ	RISE TO THE ABO	OVE CAUSE (A)	STATING TH	E DUE TO		0	1		
CA	UNDERLING	CONDITION LA	51.	(C)	lloclum	5 leva	~ Gy		
F						10	U		
RT	OTHER SIGNIE	II CONDI	TIONS CO.	. A.					
H K	OTHER SIGNIF				t.				
Ü	TO THE DISEASE				~1.7				
L	19A. DATE OF OPE	RATION 1	98. MAJOR	FINDINGS OF OPER	RATION			20. AUTOF	SY?
X		V							NO
EDICA	21A. ACCIDENT V	VAS UNDER-	218. PLA	ACE OF INJURY (e. g., in arm, factory, street, office bldg., c	n or 21c. WHERE D	OID (If in I	Baltimore City	, give exact location	n)
	LYING OR CON		about nome,	at m, tacsor y, serious, omes mag.,	INSORT OCCO	IC F			
Σ	21D. TIME (Month		(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OC	TUR?		
	OF INJURY	() ()		WHILE AT NOT WHILE					
			m.	WORK AT WORK					
	22. I hereby cert	ify that I att	ended the	deceased from 7	-22 3195	2/to 7 -	22 19	Sthat I last so	m th
	deceased alive or	7.3		and that death occur	red at 10 3/m			the date stated	
	23A. SIGNATURE		2/1		3B. ADDRESS A	, from the ca	uses and on	23c. DATE SI	
	/	Appeno	ellan	n/	11	16.		7-17	77
2	4A. BURIAL, CREMA-	24B, DATE		M. D. 24C. NAME OF CEMETE	BY OR CREMATARY	1 24D LOCAT	ION (City, tov	vn or county)	State)
	ON REMOVAL (Specify)		-	/	Da. L		1.1 .		Juste)
_	DURIAL	7-26	-J L	70490H	TARK		-TIMOR	C, 17d.	
	ATE RECEIVED BY	REGISTRAR'S	SIGNATI	444	25. FUNERAL DIR	ECTOR		ADDRESS	
	OUAL REGISTRAR	H to	ton W.	Cliques M.Z.	GEO.L.S	chush	2101	KPE de RIL	K



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		52	8 6950
5	7 0901	70 1 1 2 2 2	
ВІ	RTH NO.	E OF DEATH Registered N	0
	NAME OF DECEASED Spe or Print) ELizabeth Barbara	Ostovitz 2. DATE OF DEATH 1-2	3-5-2
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If in	
1	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	A. STATE B. COUNTY	before admission)
H	DSPITAL OR location		
	2227 MeHENRY ST.	BALTIMORE 20	township)
7	Yrs.	D. STREET ADDRESS (If rural, give location)	- /
	ngth of stay in Baltimore 40 VRS. Days	1 2227 MCHENRY	7.
5.	SEX 6. COLOR OR RACE 7. SINGLE, WARRIED, WIDOWED, DIVORCED (Specify		Juder 1 Year If Under 24 Hours ths: Days Hours Min.
1	EMALE White widowed	NOV. 18, 1883 68	
work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWITE / VOMESTIC	HUNGARY	9. J. H.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Ju Know M	Unknown	
(Ye	was deceased ever in u.s. armed forces? 16. Social s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AD	DRESS
	NO NONE NONE	WM. USTOUIZ 1045.	Mossuth J.
	18. 447 X CAUSE	OF DEATH	INTERVAL BETWEEN
-	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· · · · · · · · · · · · · · · · · · ·	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Esencer ryperien	From
	injury or complication which caused death.) DUE TO	heart feesteere	
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		
TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FICA			
E			N
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
Ü	TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20, AUTOPSY?
DICA	21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, gl	YES NO L
EDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?	TO CHACO TO THE TOTAL
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F, HOW DID INJURY OCCUR?	
	F INJURY WHILE AT NOT WHILE		
h	m. WORK AT WORK		
	22. I hereby certify that I attended the deceased from	, 19, to, 19,	that I last sam the
	7 7 71 4/7 . / 40 5 7 11 12 12	7 1 1 1 4 4 1 1 1 2 7 17	3
	deceased alive on 43. 19. and that death occu	erred at 1.10 A.m., from the causes and on th	e date stated above.
	23A. SIGNATURE And Keed of M. D.	erred at 1.10 ft.m., from the causes and on the 23B. ADDRESS	e date stated above. 23c. DATE SIGNED
24	4A. BURIAL, CREMA- 24B. DATE F24C. NAME OF CEMETE	910 W. Lombard st.	e date stated above. 23c. DATE SIGNED
2.4 TIO	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	238. ADDRESS 910 W. Lomber of st. ERY OR CREMATORY 24D. LOCATION (City, town, or	e date stated above. 23c. DATE SIGNED
24 TIO	4A. BURIAL, CREMA- 24B. DATE CAG. NAME OF CEMETE ON, REMOVAL (Specify)	910 W. Lombard st.	e date stated above. 23c. DATE SIGNED
Z/Z TIO	4A. BURIAL, CREMA- 24B. DATE F24C. NAME OF CEMETE DYRIAL 7-26-5-2 Loydon	238. ADDRESS 910 W. Lombardst. ERY OR CREMATORY 24D. LOCATION (City, town, or BALTIMERE)	e date stated above. 23c. DATE SIGNED 23. 7. 5. or county) (State) ADDRESS
Z/Z TIO	23A. SIGNATURE AN KERO M. D. 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 24C.	238. ADDRESS 910 W. Lombardst. ERY OR CREMATORY 24D. LOCATION (City, town, or BALTIMERE)	e date stated above. 23c. DATE SIGNED
Z/A TIO	23A. SIGNATURE AN KLEE OF M. D. 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 24C	238. ADDRESS 910 W. Lombardst. ERY OR CREMATORY 24D. LOCATION (City, town, or BALTIMERE)	e date stated above. 23c. DATE SIGNED 23. 7. 5. or county) (State) ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT

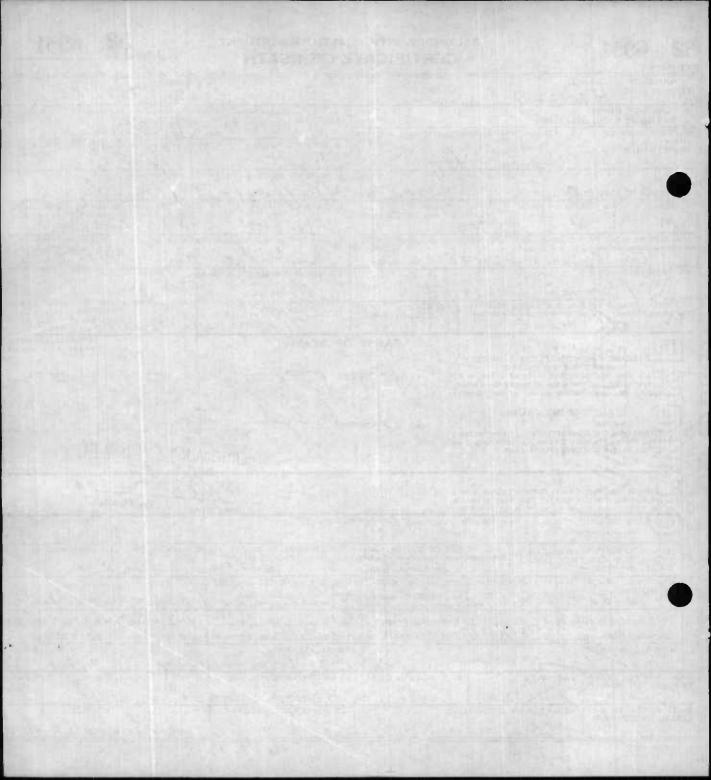
52 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF AROL D DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland COUNTRY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. OF BIRTH 9. AGE (In years) If Under | Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A, USUAL OCCUPATION (Give kind of) IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Stear ENGINEER GASYELEC. 13. FATHER'S NAME MAKSEN NAME homas LEWIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no opunknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANA ADDRESS SECURITY NO. NONE HAZLETT INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш CHIEF OR ASST. MEDICAL EXAMINER. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, faret, factory, street, office bldg., etc.) INJURY OCCUR? sunte 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE-ATT Aposure WORK AT WORK 22/I hereby certify that Lattended the deceased from... . 195 that I last saw the 11335, and that death occurred at 753 deceased alive on_ m., from the causes and on the date stated above. 238 ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 134RIAL MEMORIAL AMBRIDG DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

.76

hwab

VS 150

ilon



36252 6952 7MC-160958

correct age 14 speciary important. Thysicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 6952

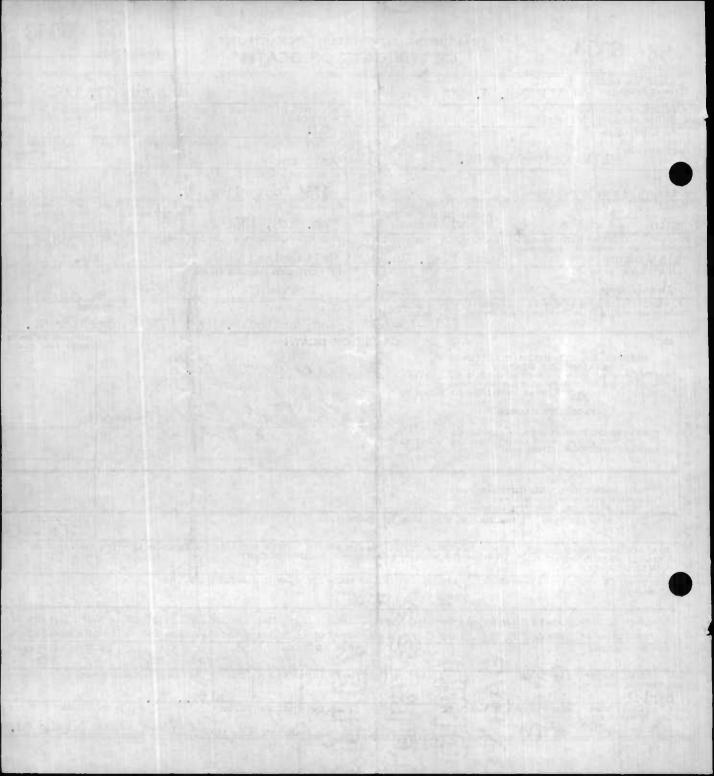
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D					2. DATE	
		Melvina	Strick	land		DEATH	23-52
	Baltimore (City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. B. COUNTY	If institution : residence before admission)
8.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or			
IN		Baltimore Cit		itals location)	C. CITT OR TOWN (I.	f outside corporate lim	nits, write RURAL and give township)
3	1	4940 Eastern	Ave.	37.	Baltimore	20-	O 1
	l amounth of a	A ! D-1!!		Yrs. Mos.		rural, give location)	
5	SEX	tay in Baltimore	variation and the same of the	E. MARRIED.	2104 W. Vine St		Williados I Vone L William On II
	799	er	WIDOW	ED, DIVORCED (Specify)			H Under 1 Year H Under 24 Hours Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	Marri 108. KINI	OF BUSINESS OR	April 17, 1886	66	
WOL	k done during most	of working life, even if retired)	01	1 INDUSTRY		oreign country)	12. CITIZEN OF
13	FATHER'S	S/RESS	C.T.	o/hing	Maryland 14. MOTHER'S MAIDEN N	ANAP	14.5.17.
	John W	Trogler (D)	('9)			
15		ED EVER IN U. S. ARMET		16. SOCIAL	Mary J. Atkins		
(Ye	a, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_	18. 147			5-07-348 CAUSE	Records B. C. H	. 4940 Easte	INTERVAL BETWEEN
	7	SE OR CONDITION		3-07-070 CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEAT	TH	Comit	-Yascular Accide	nt.	6 days.
	heart failu	not mean the mode of re, asthenia, etc. It mea	ns the diseas	e,	-Yascular Accide	120	
	mjury or	complication which c		DUE TO			
7		ANTECEDENT CAUS	ES				
ō	DISEASES	S OR CONDITIONS, II	ANY, GIVIN	(B)	***************************************	***************************************	
AT	UNDERLY	HE ABOVE CAUSE (A)	STATING TH				
15				(C)	•••••••••••••••••••••••	***************************************	
ERTIFICATION	OTHER S	II IGNIFICANT CONDI	TIONS CON				
H.	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D Arterios	clerotic Heart Di	sease	y rs.
U				FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	19 1 5	. 0					YES NO XX
DICAL	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., is	n or 21c. WHERE DID (:	If in Baltimore City,	give exact location)
M	CAUSE OF	DEATH					
	21D. TIME ((Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT NOT WHILE			
1	22. I hereb	y certify that I att	ended the	deceased from 7-1	1- 19 52 to 7-		2, that I last saw the
	deceased al	ive on 7-23-	, 19.52	and that death occur	red at 9:30Pm., from t	he causes and on	the date stated above.
	23A, SIGNAT	4 11	1	2	3B. ADDRESS		23c. DATE SIGNED
2	A BURIAL C	DEMAIL DATE	100		4940 Eastern Ave.		7-24-52
TIC	N. REMOVAL (S	pecify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow)	n, or county) (State)
D.	TE RECEIVE	L /-26-	SEIGNATIO	Loydon	35 FUNERAL DIRECTOR	DALIO.,	MADDRESS
H	MAL REGIST	RAR REGISTRAR	SIGNATU	Williams, My	25. FUNERAL DIRECTOR	10 /	CADDRESS
-		Hunt	7	0 5 0 0	GEO. L. WE hWA	b 2101 PA	Ederick HUE
	VS 150		1	1	VC	3	
				670	14		

SHILL TO WAR

BALTIMORE CITY HEALTH DEPARTMENT

52 6953

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 23, 1952 ERNST H. J. GYR 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RERAL and give 1736 Montpelier St. Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos 1736 Montpelier St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | If Under I Year | If Under 24 Hours | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) widowed Feb. 8th, 1866 male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Gas & Elec. Switzerland IISA . maintenance man Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ev. Heinreich Hnknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 218-10-3290 Miss Tabitha B. Gvr. 1736 Montpelier St. 18. HHYX ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\overline{0}$ 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHALE AT WORK WORK Eu. 10 195/ to 22. I hereby certify that I attended the deceased from . 19 4that I last saw the 1957 1957 am., from the causes and on the date stated above. and that death occurred at. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) July 26,1952 Parkwood ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



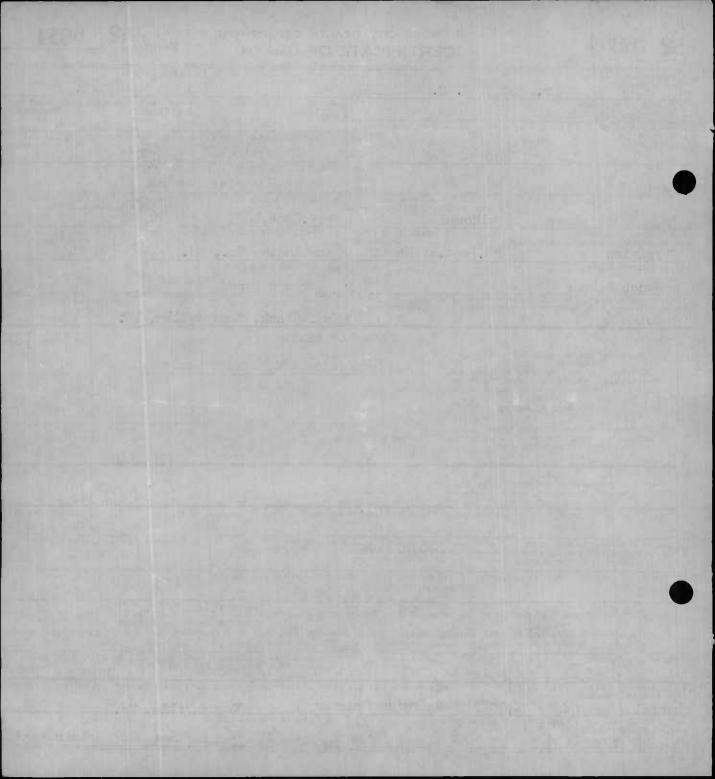
52 6954 BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6954

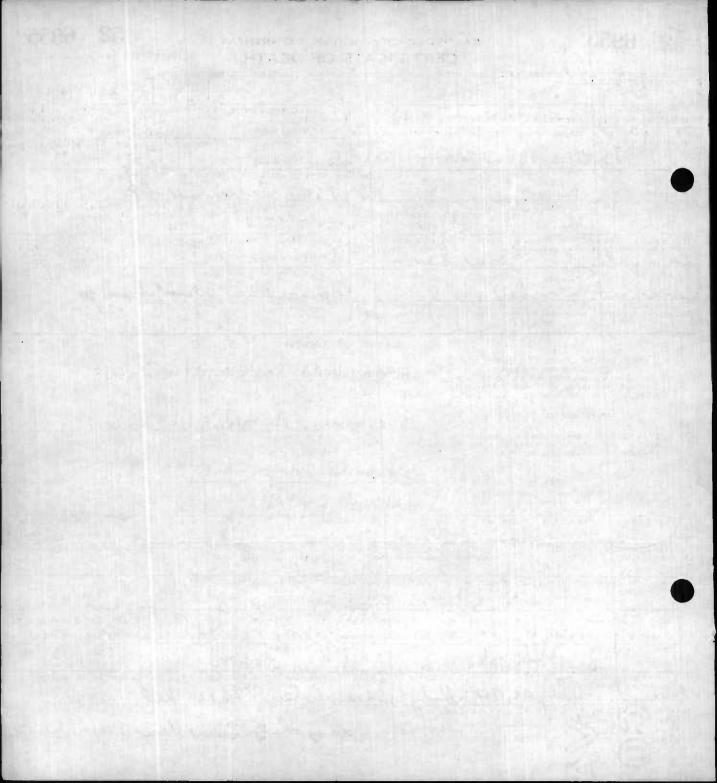
BIRTH NO.			CERTIFICATI	- OF DEATH	Registered	1 110.
1. NAME OF D (Type or Print)					2. DATE OF T	
		LEB W.	G. ROHRER		DEATH JU	ily 23, 1952
a. Baltimore	City, Maryland			A. STATE	Where deceased lived. B. COUNTY	before admission)
B. FULL NAME	OF (If not in hospita	al or institut	ion, give street address or location)	Maryl		nies, write RURAL and give
INSTITUTION	D-7-timeme C	d to Mo		Balti	/ /	township)
	Baltimore C	I by MO	Yrs.		(If rural, give location)	
Length of s	tay in Baltimore		Mos. Days	2814	Ailsa Avenue	
5. SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
Male	White	widow		Nov.20th,18		All the state of t
	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (St.	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physician		St. Der	ot.of Health	Washington		USA
13. FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAME	
Jacob 1				Barbara Wy	and	
	ED EVER IN U. S. ARMED (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no				Mrs. Shank,	Keedysville, Md	
18. 47	7.1		CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION			7 11		
	s not mean the mode of	of dying, e.	6.) (A)	scierotic car	diovascular dis	ease
injury or	re, asthenia, etc. It mea complication which c	aused deat	h.) DUE TO			
	ANTECEDENT CAUS	SES				
Z	S OR CONDITIONS, I	F ANY GIVI	(B)	******************************	***************************************	
RISE TO 1	THE ABOVE CAUSE (A)	STATING T				
DISEASE RISE TO T UNDERL' UNDERL' TRIBUTING			(C)			
H.	11					
TRIBUTING	SIGNIFICANT CONDI	NOT RELAT	ED			
	F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
. IOA. DATE	of ERAMOR .					YES NO X
UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			y, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
OF INJURY		m.	WHILE AT NOT WHILE		TO THE PUBLISHE	
22. 1 certi	fy that I took char	ge of the	remains described a	bove, held an Ins	pection & Inqui	ry thereon and from
				A1	itopsy, inspection or inqui	the day stated above
and de	eath in my opinion	resulted.	from: natural causes	s_⊠, accident □. s	uicide [], homicide []	, undetermined [].
23A. SIGNA	Clair 1/	Loure	M		DICAL EXAMINER	July 23. 1952
24A. BURIAL.	CREMA- 24B. DATE		246 NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tor	wn, or county) (State)
burial	July 25,	1952	Fairview Cem		Keedysville, Mo	
DATE RECEIVE	BAR A	+- 1	JRE	25 FUNERAL DIRE	CTOR	ADDRESS
JUL 2519	52 Thurting	lon V	Vellegeller- Mass	hair alis	Timenel Have 740	Ol Belair Road
V S 151	1.0	1 7 2	and the same			C/



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARX DEATH DORA 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland VALTimore B. COUNTY A. STATE before admission) BALTIMORE (If not in hospital or institution, give street address or m ary and B. FULL NAME OF INSTITUTION JENKINS location) C. CITY OR TOWN (If outside corporate lipits, write HUTCAL and give HOSPITAL Memorial D. STREET ADDRESS (If rural, give location) Yrs. Mos Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | M Under 1 Year | M Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE B. DATE OF BIRTH 64 MIDIN 10A. USUAL OCCUPATION (Give kind of world one during most of working life, even if retired)

13. FATHER'S NAME 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY ALTIMORE ele was 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 422. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CARdioVASCULAR DISEASE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES rt. middle lobe DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. · ZnAmso 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF 19A. DATE OF OPERATION 20. AUTOPSY? DICAL 21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? W 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! WORK 1954, to July 73, 1957, that I last saw the 22. I hereby certifu that I attended the deceased from_ 195, and that death occurred at 6:30 m., from the causes and on the date stated above. deceased Nive on 124 23c. DATE SIGNED 23A. SIGNATURE A18. ADDRESS -13-5~ 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL CREMA- 24B. DATE TION, REMOVAL Specify REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR

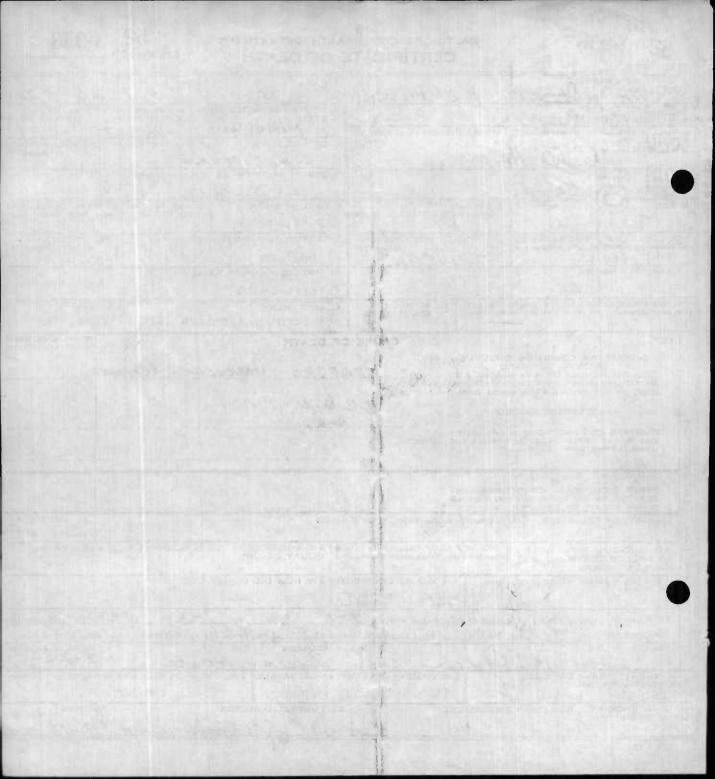


wenner process write the causes of ueach creatly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 6956
Registered No.

ВІ	RTH NO.			CERTIFICATI	E OF DEATH		
(T)	NAME OF D	ALBERT	K	ERMISCH			7-24-52
	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. B. COUNTY	. If institution : residence before admission)
	FULL NAME	OF (If not in hospita	al or instituti	ion, give street address or location)	C. CITY OR TOWN (If		Mits, write RURAL and give
	NOITUTITE	UNIV. H	OSD		BALTIMO		write KOKATI and give
		VN14 . /1		Yrs.	D. STREET ADDRESS (If	rural, give location)	N-03
0.	Length of s	tay in Baltimore		Mos. Days	1934 Wilkens	Ave L	V
5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci				8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under I Year If Under 24 Hours Months: Days Hours: Min.
	19	W		W1.	May 27,1907	45	
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
- 10	Physicia MEDICAL 13. FATHER'S NAME			Baltimore Md			
13					14. MOTHER'S MAIDEN N	AME	
15		ermisch ED EVER IN U.S. ARMED	FORCES	Lie cociai	Sarah Dembo		
(Yes	, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Dorothy Kerm	isch 1934 V	ADDRESS
	18. ///	() ()			OF DEATH	2001 3001	INTERVAL BETWEEN
ERTIFICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEAT s not mean the mode o ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. g ns the discass aused death ES ANY, GIVIN STATING TH	e, .) DUE TO # . (B)	REBRO - VASCU	LAR ACC	PEAT
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
1/L	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i. arm, factory, street, office hidg.,		If in Baltimore Cit	y, give exact location)
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereb	y certify that I att	ended the	deceased from 7	-1 5219_, to_	7-24,19	52, that I last saw the
	deceased a	live on 7-23		and that death occur	red at 8 20 m., from t	the causes and or	n the date stated above.
	23A. SIGNA		que		3B. ADDRESS	120	7-24-57
24	A. BURIAL, ON, REMOVAL (S	CREMA- 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, to	wn, or county) (State)
TIC	Burial	July 25	,6952	Aitz Chaim Cor	ng Cemetery W	ashington B	lvd
	TE RECEIVE	RAR	S SIGNATU	IRE	25. FUNERAL DIRECTOR	on Bn	ADDRESS 11264
	VS 150	(7	FO		
1			11111	0/3	00,		



VS 150

CERTIFICATE OF DEATH

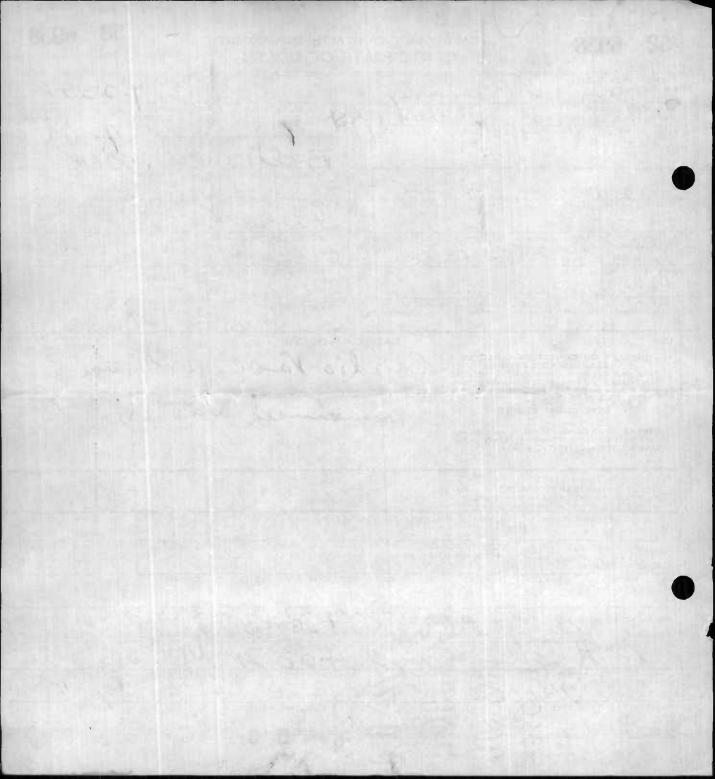
Registered No. 6957

BIRTH NO. CERTIFICA	IE OF DEATH REgistered No.
1. NAME OF DECEASED ROLINE PEUTSC	-H 2. DATE OF July 24,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address	Maryland
HOSPITAL OR location institution 2450 Lakeview Eve	c. CITY OR TOWN (If outside corporage limits, write RULAL and give township
(A)	Baltimore
Yrs. Mos	
c. Length of stay in Baltimore 6 Months Day	s 2450 Lakeview Ave
Female 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Special Control of the Color of	(y) 8. DATE OF BIRTH 9. AGE (In years li Under I Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work deneduring mast of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Schriber	Amelia ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ao or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY?
U at ACCIDENT WAS INVESTIGATED 1 219 PLACE OF INJURY (A.G.	YES ND
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	, in or 21C. WHERE DID (If in Baltimore City, give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE AT WORK AT WORK	
	120/, 1952 to 1/24, 1952 that I last saw th urred at 2:30 p.m., from the causes and on the date stated above
23A. SIGNATURE R. Weinlenger, M. D.	238. ADDRESS Proofs have 7/24/5
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial July 25,1952 Oheb Shalom	Cemetery Baltimore Md (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Sel Liverson Bus North cur

Name of the state of the state

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4 USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 9 B. COUNTY before almission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate | mil write la RAL and give C. CITY OR TOWN INSTITUTION Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE In years Il Under 1 Year | Il Under 24 Hours | Il Under 24 Hours | Min. 7. SINGLE, MARRIED A Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR THPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ment Timelo 13_FATHER'S NAME Const MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) 1-16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. Willen INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY WHILE AT NOT WHILE WORK AORK. 195 7that I last saw the 22. I hereby certify that I attended the deceased from 2/, 195 Zand that death occurred at 3/3 m.Hrom the deceased alive causes and on the date stated above. 23A. SIGNATUREL 238. ADDRESS 23C, DATE SIGNED 24A. BURIAL, CREMA 24 24c. NAME OF CEMETERY CREMATORY Duria DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

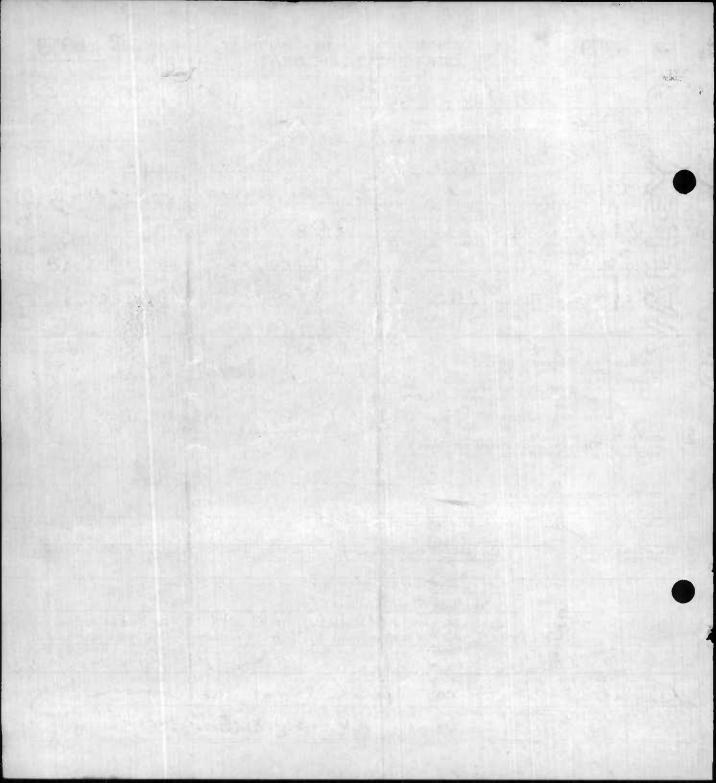


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

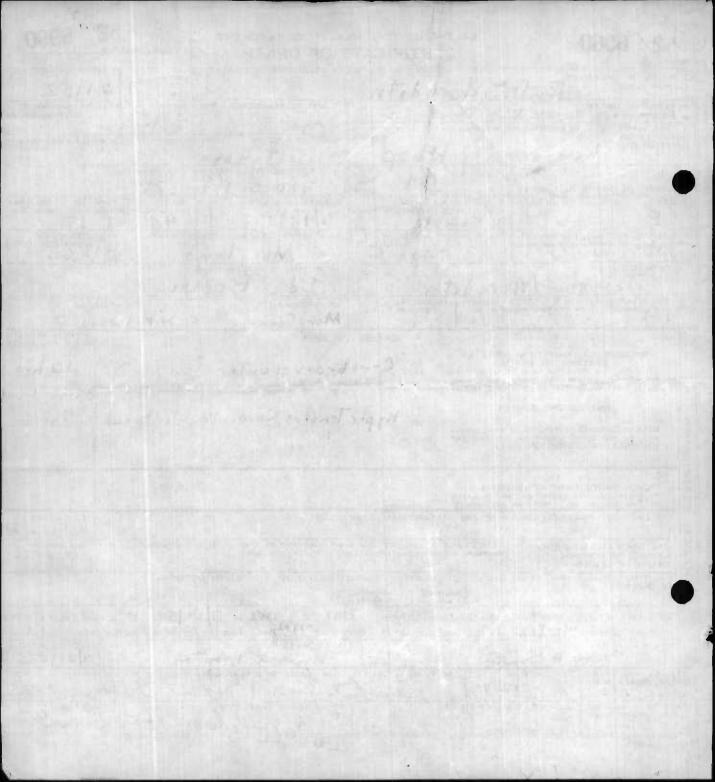
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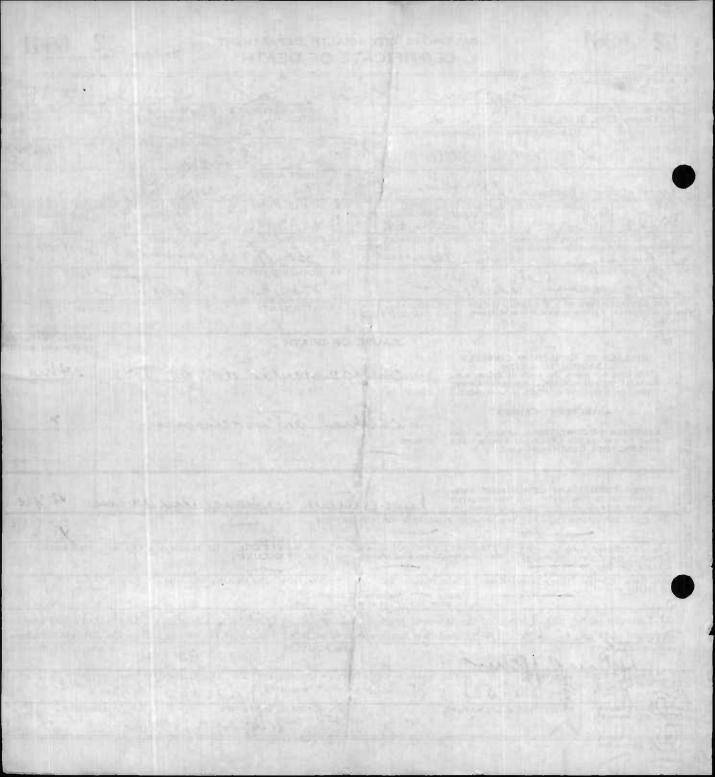
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B	IRTH NO.					
	NAME OF DECEASED C	histina	7 Bo	wen	of DEATH 22	July 52
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If i	institution: residence before admission)
	FULL NAME OF (If not in ho	spital or institution,	give street address or location)	11/9/4/9ho	/	
IN	ISTITUTION & DO B	0 44 1.	location)	C. CITY OR YOWN (If	outside corporate limits	s, write RURAL and give township)
	020 21	entalo	DHVE	Daltimo	ve 160	~00
			Mos.	o. STREET ADDRESS (If	/	
	Length of stay in Baltimor		-Days	1 120 Dent		enve
5.	SEX 6. COLOR OR RA		ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH		under I Year It Under 24 Hours nths: Days Hours: Min.
1	tmale Colored		reed	Nov. 1704	47	
1 C worl	A. USUAL OCCUPATION (Give kink done during most of working life, oven if ret	ndof 10B. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Housemite			Mary lana		U.S.A
13	FATHER'S NAME	D		14. MOTHER'S MAIDEN N	AME	
	William E	- 189 e	P	Margares	+ Johns	CLN
15	. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16	S. SOCIAL	17. INFORMANT		DDRESS
(10	s, no or unknown) (If yes, give war or	dates of service)	SECURITY NO.			
		1	C 110 T 1			INTERVAL BETWEEN
	18. 4200		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION	DEATH	16	ron ic Nep	britis	811
	(This does not mean the mo heart failure, asthenia, etc. It	de of dying, e.g., means the disease.	(A)	10 m 10 110/1	/ / / / / / -	oyrs
	injury or complication which		OUE TO			
	ANTECEDENT C	AUSES	1.1	erosclorit	· · Hand	
Z	BIGE LOSE OF COMPLETION		(B)	ero scion, T	1 c mag T	D.
Ĕ	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE	(A) STATING THE	DUE TO			
CA	UNDERLYING CONDITION	LAST.				
Ē			(C)			
CERT	OTHER SIGNIFICANT CO	NDITIONS CON-				
H	TRIBUTING TO THE OEATH, E	BUT NOT RELATED	*****			
,	19A. DATE OF OPERATION		NDINGS OF OPERA			20. AUTOPSY?
AL						YES NO
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		OF INJURY (e.g., in		f in Baltimore City, g	rive exact location)
E	HOMICIDE (Specify)	about nome, larm,	factory, street, office bldg., et	w. INJURY OCCURY		
2	RIO. TIME (Month) (Day) (Y	ear) (Hour) 21E	. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	F INJURY	WNIL				
		m. wo	11	Tu. 1.1 104/.)	1.Tul. 10.5	2
	22. I hereby certify that I			JU/1/ , 1996 to 2		that I last saw the
	deceased alive on 21 Ju	21 y, 193 L. and		3B. ADDRESS	he causes and on th	
	23A. SIGNATURE	BL: Ast	M. O.	501 Cherry	Hilled	22 July 5
2.4	AA BURIAL CREMA- 24B. DAT	E / 24c	NAME OF CEMETER	RY OR CREMATORY 240/L	OCATION (City, town,	or county) (State)
TI	Succes 7-2	J-52 M	N Hor	~ Um B	allemo	may may
	ATE RECEIVED BY REGISTR	AR'S SIGNATURE		25. FUNERAL DIRECTOR	***	ADDRESS
_(JUL 25 1952	1: 1- 11	1142 11 100 EVE	Chour Oll	com love of	country cof
=	VS 150	THE PARTY OF	Will Harry			<i>U</i> ,
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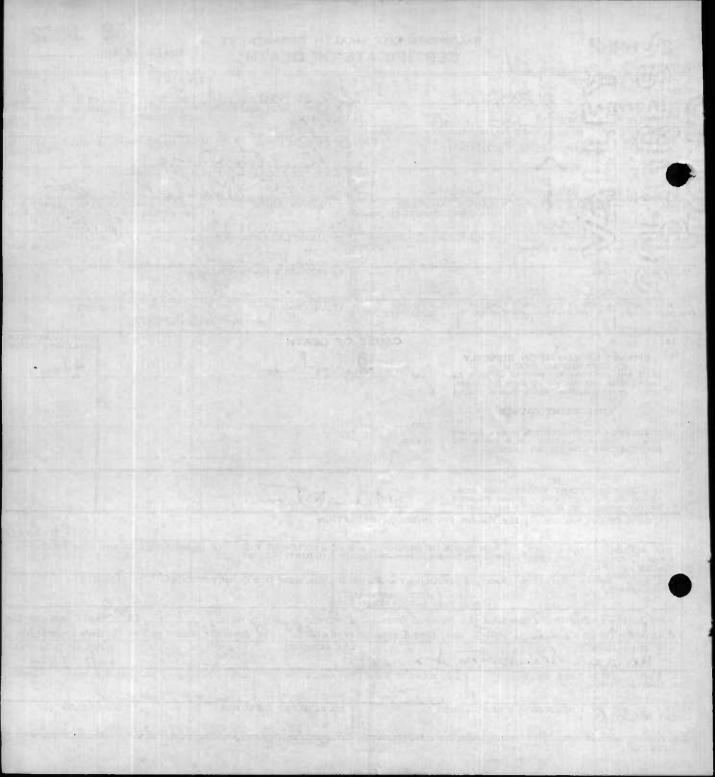


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52 69	980	BALT	TIMORE CITY HE	EALTH DEPARTMENT	5%	6960
BIRTH NO.			CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DE (Type or Print)	CEASED R. H	Mo.	redith		2. DATE OF DEATH 7 2	1/52
3. PLACE OF DE	ity, Maryland	3alto	. City	4. USUAL RESIDENCE (W	here deceased lived. If ins	before admission
B. FULL NAME O	OF (If not in hospit	al or institutio	n, give street address or location)		outside corporate limits, v	
INSTITUTION	Muiver	rsity	HOSA	Beltimos		township
Cength of sta	ay in Baltimore		30 Yrs. Mos. Days	310 S. K	rural, give location)	1-01
	6. COLOR OR RACE		MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH		fer I Year If Under 24 Hours Min
10A. USUAL OCC	URATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	10	2. CITIZEN OF
		ar	Home	Maryla	nd	WHAT COUNTRY
13. FATHER'S NA	mes M	ered.	th	14. MOTHER'S MAIDEN NA	OWN	
15 WAS DECEASED	EVER IN II C ADME	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
no	(If you, give war or date		SECORITI NO.	Mary Spensey	758 W. Redwo	· 10 80
18. 44.	3×1		CAUSE	OF DEATH		ONSET AND DEAT
	E OR CONDITION LEADING TO DEAT not mean the mode of	TH	Cero	bro-vescular	tuck . soct	22 hrs
heart failure	e, asthenia, etc. It mea	ns the disease,				
	NTECEDENT CAUS	SES		+ • • •		170
DISEASES RISE TO TH	OR CONDITIONS, 11	F ANY. GIVING	(B) Hyper	Tensive Cordio-V	lescular Disease	4 4753
RISE TO TH	E ABOVE CAUSE (A) NG CONDITION LA		DUE TO			
			(C)		••••••	•
OTHER SIG	II GNIFICANT CONDI	TIONS CON-				
H TRIBUTING	TO THE DEATH, BUT					
19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDE	NT WAS UNDER-	21B PLAC	E OF INJURY (e.g., i	n or 21c. WHERE DID (I	f in Baltimore City, give	YES NO
L CAUSE OF D	CONTRIBUTING		m, factory, street, office bldg.,		m battimore only, give	exact location)
21D, TIME (A	Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			HILE AT NOT WHILE	Q		
		ended the d	eceased from 7	7 21 ,1952, to 7 rred at 11°2 pm., from th	21 52, 19,	hat I last saw th
deceased ali	ve on 7 21 52	_, 19 an	nd that death occur	rred at 11°2 m., from th		
23A, SIGNATO	horge A. Si	th	M. D.	Miresty Hosy	pital	7) 21/52
24A BURIAL CE TION REMOVAL (Sp		-54 24	4c. NAME OF CEMETE		CATION (City, town, or	county) (State
DATE RECEIVED		S SIGNATUR	RE	250FANERAL DIRECTOR	A /A	DDRESS
OL Z 5 1332	Musting	ton Wil	Louis No	mon with	2011/1201	2 conver
VS 150	0	4 -	and the same	2-2		M





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52 6962 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	0000
1. NAME OF DECEASED (Type or Print) 2. DATE OF OF	12 9-2
3. PLACE OF DEATH: A. Baltimore City, Maryland Belts, City A. STATE B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL c. CITY OR TOWN (If outside corporate limits, w	
Yrs. D. STREET ADDRESS (If rural, give) ocation)	2 Cownship)
c. Length of stay in Baltimore Sept. Mos. Days / 107 Mullikum	st
5. SEX 6 CDLOR OR RACE 7. SMGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years li Undo Month Month Month) 19. AGE (In years li Undo Month) 1	ei 1 Year If Under 24 Hours Min.
IOA. USUAL OCCUPATION (Givekind of working life, even if retired) IOB. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country) INDUSTRY	CITIZEN OF
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME,	110171
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INCOMMANT	V
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL	RESS
18. 571.0 CAUSE OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Adays.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESEASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO V
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	A STATE OF THE PERSON NAMED IN COLUMN 2 IN
CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY	
m. WHILE AT NOT WHILE AT WORK	
deceased alive on 122, 1952, and that death occurred at 1953, from the causes and on the	hat I last saw the date stated above
	1/22/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or TION, REMOVAL (Specify)	county) (State)
	DDRESS
JUL 25 1952 H figtor Wellinger My Elingy Wiffon Ivon Bu	ntty we
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6964 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) OF July 23, AUSTIN UHLAND DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY
before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Morgue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1215 Eutaw Place Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (in years If Under 1 Year If Under 24 Hours last hirthday) Months Days Hours Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Jarried Male White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR Printer WHAT COUNTRY? Ionumental Nalto. Md. 14. MOTHER'S MAIDEN NAME UO. 13. FATHER'S NAME Anna E. Shea Frederick Uhland 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Lillian K. Uhland. 840 Cooks INTERVAL BETWEEN CAUSE OF DEATH 18. 472 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY "Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-ERT TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY'1 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE DF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE [WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 23A. SIGNATURE

DATE RECEIVED BY V S 151

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

July 26/52

REGISTRAR'S SIGNATURE

important.

pecially

es

13

age

24C NAME OF CEMETERY OR CREMATORY

Holy Rosary

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

Rd. Balto. Md. ADDRESS

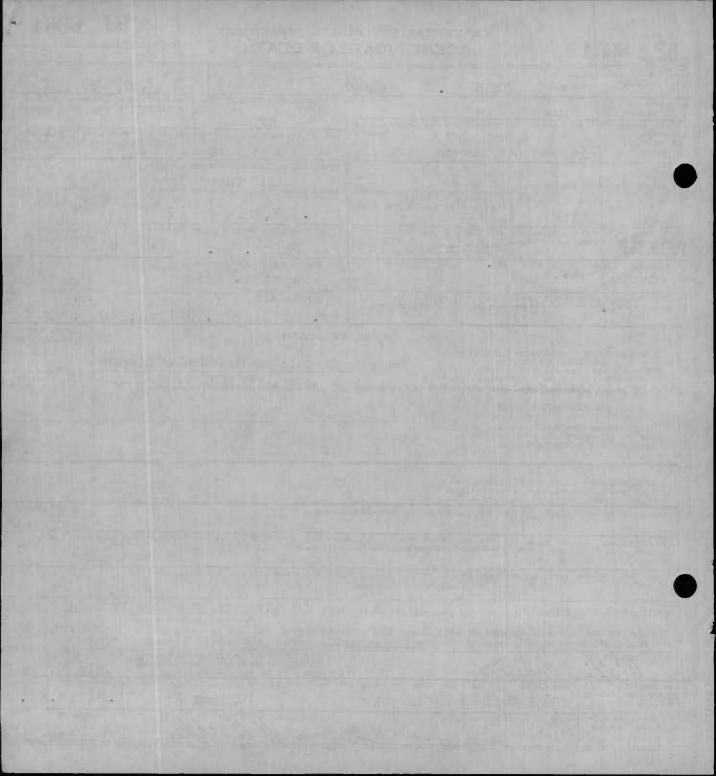
24D. LOCATION (City, town, or county)

German Hill

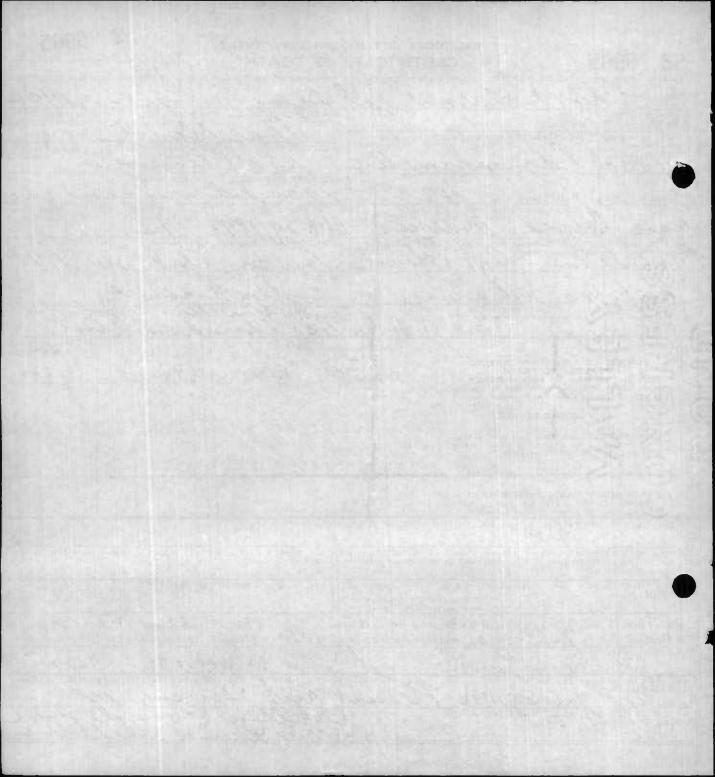
Edmondson Ava

township)

NO X



525 52 No. 6965	BALTIMORE CITY HI CERTIFICAT	EALTH DEPARTMENT E OF DEATH	52 Registered No.	6965
	Spital or institution, give street address or		Canel	before admission)
c. Length of stay in Baltimor	Days	D. STREET ADDRESS OF THE	insk pal, give location) monde	rite RUKAH and give township)
101. USUAL OCCUPATION (Give king done during most of orking life, even if ret	MINDWED DIVORCED (Secity)	Och 29 1819 11. BIRTYPLACE (State or fore	last birthday) Month	I 1 Year I Under 24 Hours Days Hours Min.
13. EMHER'S NAME NCOVIAS 15. WAS DECEASED EVER IN U.S.AR (Yes, no or unknown) (If yes, give war or	MED FORCES? 16. SOCIAL dates of service) SECURITY NO. 218-01-6170A	Junes River Maiden Na.	nour la B. Asta	Inen
DISEASE OR CONDITION CThis does not mean the mone heart failure, asthenia, etc. It injury or complication which	ON DIRECTLY EATH de of dying, e.g., means the disease, the caused death.) DUE TO	uple Selewsis	of breain	34 fars
Z DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	S, IF ANY, GIVING (A) STATING THE DUE TO			
OTHER SIGNIFICANT COLUMN TRIBUTING TO THE DESCASE OR CONDIT	OUT NOT RELATED		3.15	
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING	19B. MAJOR FINDINGS OF OPER R. 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If	in Baltimore City, give	20. AUTOPSY? YES No No exact location)
CAUSE OF DEATH LID. TIME (Month) (Day) (Y	ear) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK			
22. I hereby certify that I deceased alive on 7-21	attended the deceased from d- -, 1952, and that death occur			
24A. BURIAL. CREMA: 24B. DAT TIOM REMOVAL (Special) DATE RECEIVED BY LOCAL REGISTRAR	25, 1952 Pleasan AR'S SIGNATURE	REST 245. LA	wayn, /	South (State)
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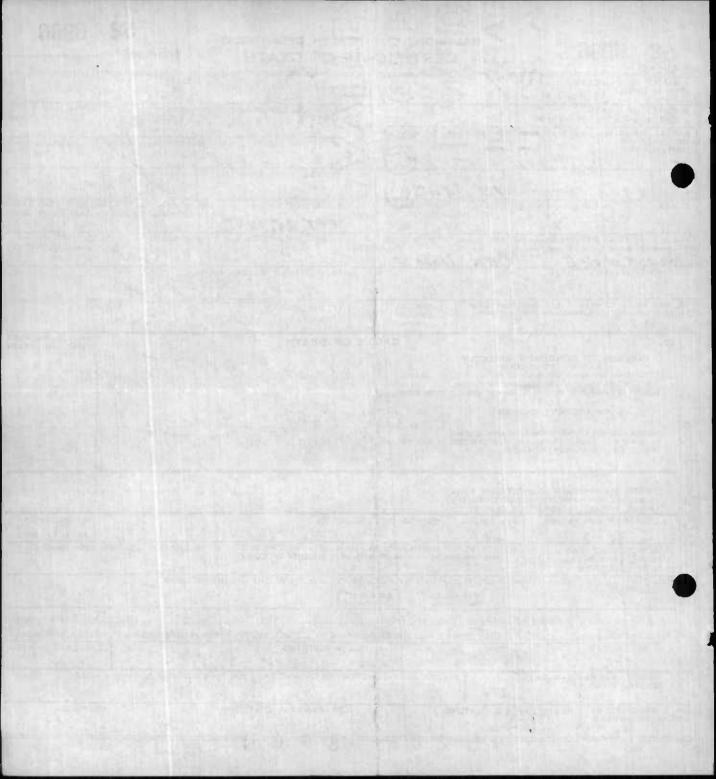


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6966

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate l HOSPITAL OR nits write RURAL and rive C. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) Mos. EARS c. Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED, 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) WINDEREC 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUCIEN PNNP 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. NO NTERVAL BETWEEN 18. CAUSE OF DEATH 581 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO Abcess, ChuloeystiTis RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 20, AUTOPS 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION O/CCYSTITIS SPP/VIP 21B. FLACE OF INJURY (c. g., in or) Abres PP (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT . 195 that I last saw the 22. I hereby certify that I attended the deceased from. 7/24, 1952, and that death occurred at 4 Pm., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL. CREMA-TUDN, REMOVAL (Specify) Juria ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE



1	52 6967				HEALTH DEPARTME		52 6967
В	IRTH NO.			CERTIFICA	TE OF DEATH	Registered	No.
1.	NAME OF DECEAS	DED E	H			2. DATE OF 2	3 July 1952
3.	PLACE OF DEATH:				4. USUAL RESIDENC	E (Where deceased lived,	If institution : residence
	Baltimore City, I		al or instituti	ion, give street address	4.5	B. COUNTY	before admission
	OSPITAL OR NSTITUTION LU 714	TRAN H	OSP. C	Iocatio	- C. CITT ON TOWN	(If outside corporate him	its, write BURAL and give township
				Yrs		(If rural, give location)	-
	Length of stay in	Baltimore		Mos Day		urfax Rel	
5.	SEX 6.CO	LOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Speci	8. DATE OF BIRTH 9/20/05	9. AGE (In years last birthday)	Months Days Hours Min.
1C	A. USUAL OCCUPAT	FION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
	Unempla		0.6		Maryland		U.S.A.
13	B. FATHER'S NAME	Cohor			14. MOTHER'S MAIDE	N NAME	/
	John Nash				Julia C.		
(Ye	S. WAS DECEASED EVER	R IN U, S. ARMED on, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. NO	Mrs. Dorothy	M. Nash - 4126	ADDRESS Fairfax Rd.
	18. 681.	0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR	CONDITION	DIRECTLY				
	(This does not m heart failure, asth injury or compl	enia, etc. It mea	f dying, e. g	e,	shipatii a	Clour	13 day
		CEDENT CAUS		0			
Z				(B)	neuron		
CATION	DISEASES OR C RISE TO THE ABO UNDERLYING	OVE CAUSE (A)	STATING TH	IG IE DUE TO			
FIG				(C)			
ERTIF	OTHER SIGNIF	HE DEATH, BUT	NOT RELATE	D My	eial infa 7	in curho	
U	19A. DATE OF OPE			FINDINGS OF OP	RATION	and the factor of the same of	20. AUTOPSY?
AL	7/22	1523	h	me			YES NO
EDIC/	21A. ACCIDENT, 91 HOMICIDE (Spe			CE OF INJURY (e. g arm, factory, street, office bld		(If in Baltimore City,	give exact location)
Σ	21p. TIME (Month)	(Day) (Year)	(Hour) 2	ZIE. INJURY OCCUR	RED 21F. HOW DID IN	JURY OCCUR?	
13/	OF INJURY			WORK NOT WHILE			
			m.				

23A. SIGNATURE 23B. ADDRESS 23¢. DATE SIGNED Inctions

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

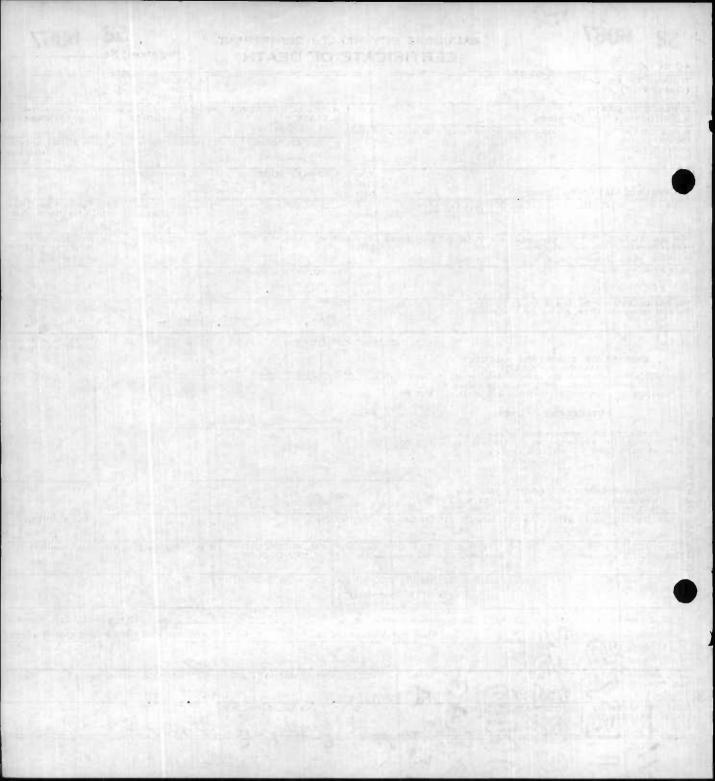
24D. LOCATION (City, town, or county)

7/26/52 M REGISTRAR'S SIGNATURE Burial DATE RECEIVED BY

25 FUNERAL DIRECTOR

ADDRESS

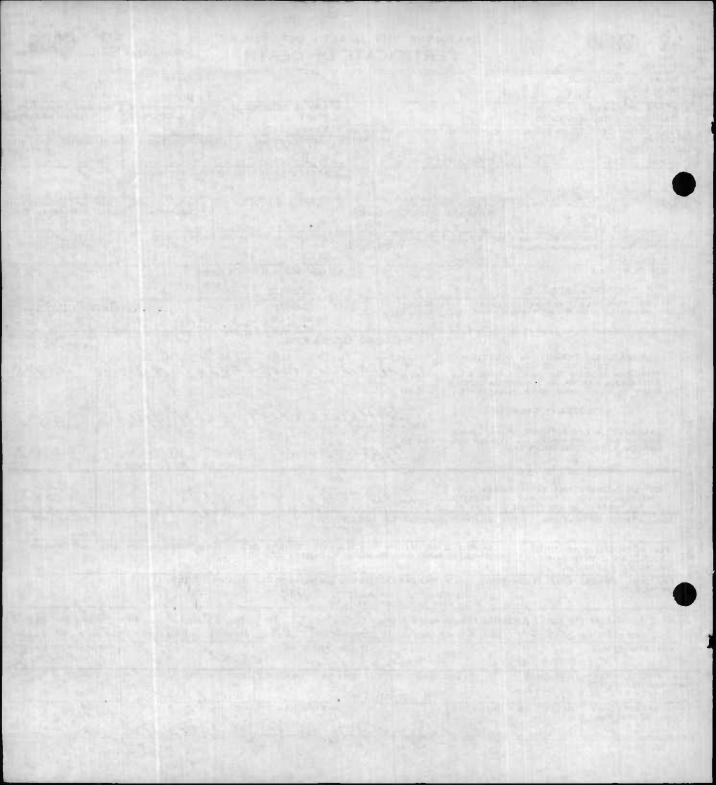
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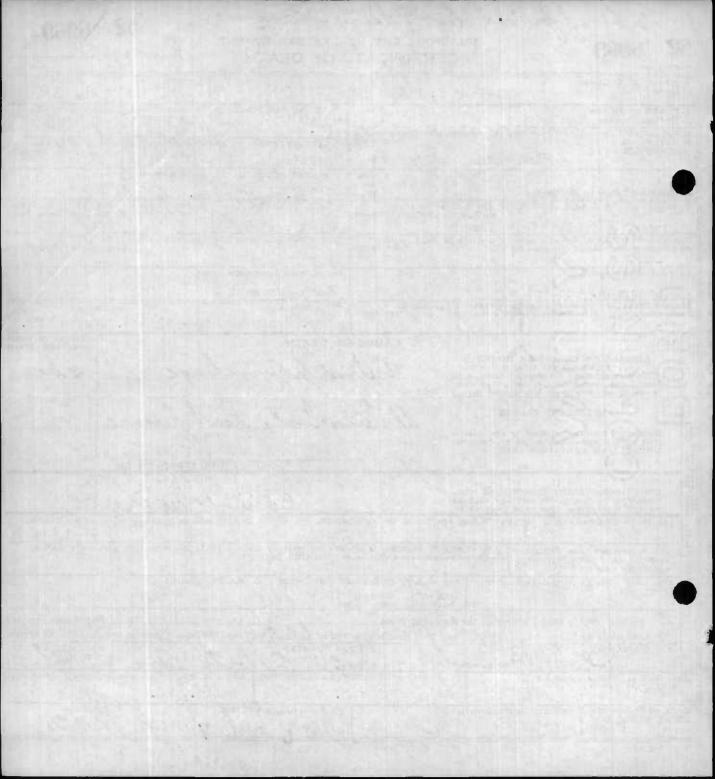
BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 6968

BI	RTH NO.			CERTIFICATI	OF DEATH	Registered	1110
1. NAME OF DECEASED (Type or Print) Dicus, Edith C.					2. DATE OF DEATH 7/24/52		
	PLACE OF DE	EATH: City, Maryland	/	The Control of the	4. USUAL RESIDENCE (If institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Maryland	F	A
	STITUTION			location)	C. CITY OR TOWN		nits, write RURAL and give township)
30	with Sal	timore Genera	y post		Millersville D. STREET ADDRESS (I		00
	ength of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	rural, give location)	FILE
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.
_	enale	White		owed	Jan. 22, 1888	64	
		CUPATION (Give kind of If working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S		at hom	e	14. MOTHER'S MAIDEN	NAME	
13						NAME	
15		Balderston D EVER IN U.S. ARMEI	FORCEST	16. SOCIAL	Unknown	NY TY	01
(Yes	, no or unknown)	(If you, give war or date	of service)	SECURITY NO.	Mn Colvin U		Glen Burnie New Jersey Ave.
-	18. 4/2		- 1	CALISE	OF DEATH	Dicus - 14	INTERVAL BETWEEN
	DISEAS (This does heart failu	E OR CONDITION LEADING TO DEA' not mean the mode re, asthenia, etc. It mea	TH of dying, e. o ns the diseas	Chron	nicolomero	Tonghr	onset and death
		ANTECEDENT CAUS	ES	Arter	dara lange in h	last des	· Vana
Z	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING (B) ANTECEDENT CAUSES (B) ANTECEDENT CAUSES (B) ANTECEDENT CAUSES (B) ANTECEDENT CAUSES YEARS					ase leals	
CATIC	RISE TO T	HE ABOVE CAUSE (A)	STATING TH		lensive cor	dio vaseur	lar years
Ē		11		- / '		Glicas	
ERT	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	0 0/00	etis melli	tus	Kears
CAL	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
Σ		(Month) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?	
			m.	WORK AT WORK	1/ 02	2-27/	(3)
		y certify that I att			- 4 - 195 4to		Shat I last saw the
	deceased al	TURE		1 2	red at Yellam., from 3B. ADDRESS	the causes and on	the date stated above.
	,0	quetus c	cel (Pacufom. D.	1213 LISK	T NA	7-24-52
24	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
	Burial	7/26/52		Glen Haven Ce		lea Burnie,	Md.
LC	TE RECEIVE	D BY REGISTRAR	SSIGNATU		25 FUNERAL DIRECTOR	7.1	ADDRESS
	JUL 25.	1952 Then	Liveton	Williams H.	Exim. K.	wover	TXMS
	VS 150		0			Back	17, md.



+	700	le appro	redi	by Medica	1 Gammer . 52 6969
5	2 69	69	BAI		EALTH DEPARTMENT
ВІ	RTH NO.			CERTIFICATI	E OF DEATH Registered No.
	NAME OF D ype or Print)	ECEASED	ALVERD	A T. ECCLESTON	2. DATE OF July 23, 1952
	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
HC	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institut	tion, give street address or location)	c. CITY OR TOWN (If outside corporate it hits write RURAL and give
IN	STITUTION	Methodist	Home f	or the Aged	Baltimore L township
				Yrs.	D. STREET ADDRESS (If rural, give location)
		tay in Baltimore		Mos. Days	2211 W. Rogers Ave.
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	
_	female	white	sing		May 15, 1869 83
		CUPATION (Give kind of of working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
40	EATHER'S				Maryland
13	. FATHER'S 1				14. MOTHER'S MAIDEN NAME
1.5		W. Ecclesto		16. SOCIAL	Mary Despeaux
(Yes	, no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	Mrs. Mamie Fisher - 2211 W. Rogers Ave.
ERTIFICATION	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING	LEADING TO DEA to not mean the mode are, asthenia, etc. It mer complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) (ING CONDITION L.) GIGNIFICANT COND TO THE DEATH, BUT	of dying, e. ans the disea caused death SES IF ANY, GIVII STATING TAST.	(B) Arters (B) Arters (C)	cochroti heart disease CERUFICATION APPROVED BY
U		F OPERATION		FINDINGS OF OPER	ATION CHIEF OR ASST. MEDICAL EXAMINER 20. AUTOPSY?
DICAL		0			YES NO
Ш		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	A STATE OF		m.	WHILE AT NOT WHILE	
	22. I herch	y certify that I at	tended the	deceased from	, 19, to, 19, that I last saw th
	deceased a		, 19,	and that death occur	
	23A. SIGNA	John DY SE	Jamo	M. D.	1531 E North One 23 July 5
24 TIC	N. REMOVAL	specify)		24C NAME OF CEMETE	
	Burlal	7/26/52		Loudon Park Ce	
	JUL 25		'S SIGNATI	VIII P	25. FUNERAL DIRECTOR ADDRESS
	VS 150	1	0	musus, My.	Buth in Mad.
1					Will I I I I I I I I

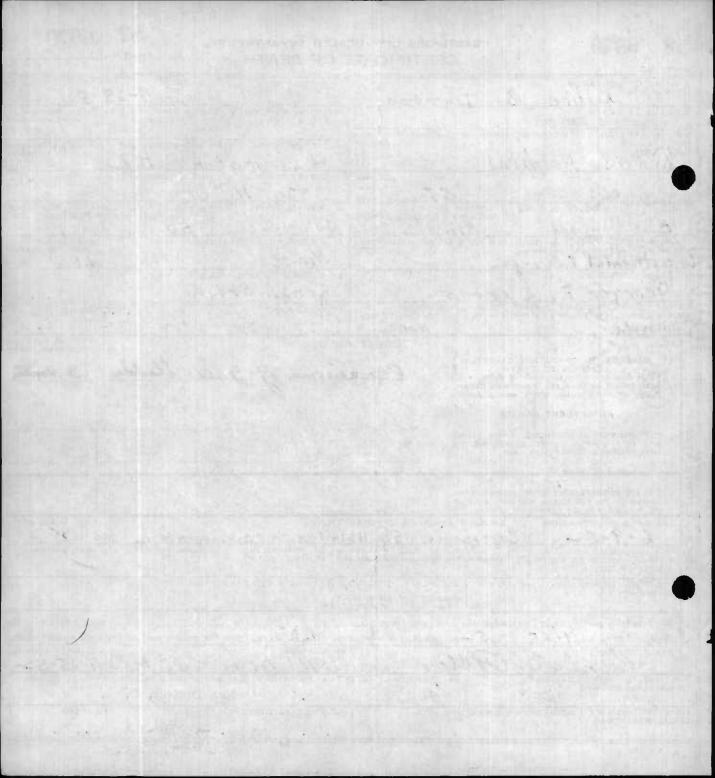


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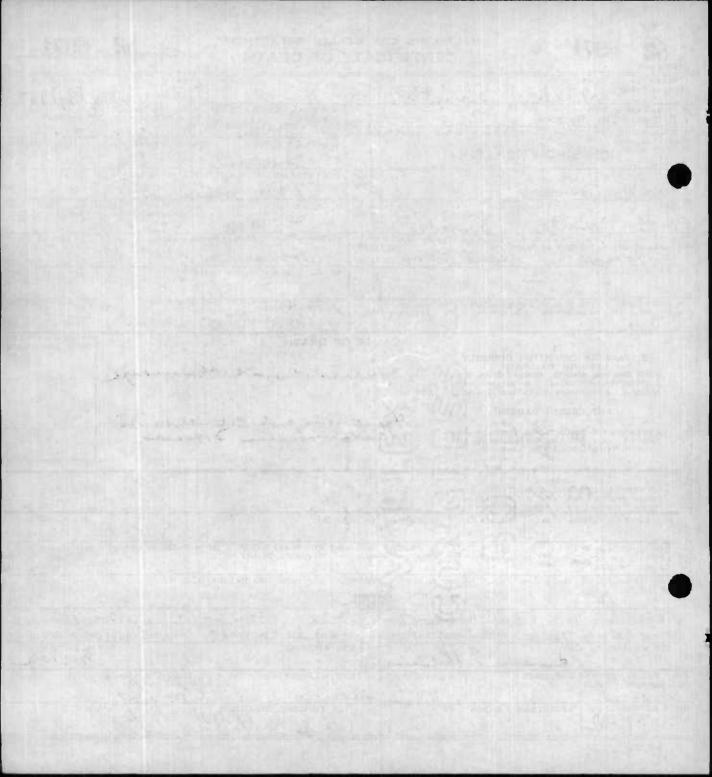
BALTIMORE CITY HEALTH DEPARTMENT

52	6970
Registered No_	

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Killian B. Dutton	2. DATE OF DEATH 7-25-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission)
HOSPITAL OR location) INSTITUTION INSTITUT	
c. Length of stay in Baltimore	D. STREET ADDRESS' (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life oven if retired) Department of working life oven if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
George E. Dutton	Lena Stern D.C.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown None	17. INFORMANT N. Woogn shington S. H. Hines Funeral Home-2901 -14th St.
	of DEATH Lingmu J Gall - blatte 3 month.
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CAREINGMA OF GAIL 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g., l.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 7-25, 1951 and that death occur 23A. SIGNATURE 3. Pelley M. D.	rred at 12 m.m., from the causes and on the date stated above. 238. ADDRESS 45PHS Hoss. Ball. M. 7-25-51
Removal 7/25/52 Fort Lincol	Ln Cem. Washington, D. C. (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR TUL 25 1952 Huntington Wallagus M.P.	S. H. Hines Co2901 -14th St., N. W.
VS 150 690 91	Washington, D. C.



BI	52 RTH NO.	6971		TIMORE CITY HE			2 _{No.} 6971
1.	NAME OF Dype or Print)	DECEASED ILL.	5.2	with		2. DATE OF DEATH	mln 19,1952
Α.		City, Maryland			4. USUAL RESIDE	NCE (Where deceased live B. COUNT)	before admission)
H	SPITAL OR	JOHNS HOPKINS		ion, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give township)
Ţ C.	Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	SS (If rural, give location	n) /
	SEX LO.	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year Inst birthday)	Months Days Hours Min.
10 work	A. USUAL OC done during mont	CCUPATION (Give kind of tof working life, even if retired)	Paint	Manu.	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
1.5 (Yes	WAS DECEAS	SED EVER IN U, S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS H	HOPKINS HOSPITAL	ADDRESS
ERTIFICATION	(This doe heart fail Injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA's se not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUSE ES OR CONDITIONS, IT THE ABDVE CAUSE (A) LYING CONDITION LA	I'H If dying, e. g Ins the diseas I saused death I saused	e, DUE TO (B) Hypertage	win and	a Henry	DNSET AND DEATH
CERTIF	TRIBUTIN	SIGNIFICANT CONDI G TD THE DEATH, BUT DISEASE DR CONDITION	NOT RELATE	.D			
		The second secon		FINDINGS OF OPER	ATION		20. AUTOPSY?
IEDICAL		DENT WAS UNDER- OR CONTRIBUTING		ACE OF INJURY (e. g., in srm, factory, street, office bldg., e			ity, give exact location)
	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	22. I hered	by certify that I att	ended the		7-12, 1952 rred at 6 158m.,	to 7-19 , 1 from the causes and c	952, that I last saw the
	23A. SIGNA	Lawer	u 8-	Hechum M. D.		PKINS HOSPITAL 240, KOCATION (City)	23c. DATE SIGNED 7-21-52 Own, of county) (State)
TL	Laure	1-2.		Mt. Carme	RY OR CREMATORY	Balto, 1h	lef:
LC	TE RECEIVE		signatu	W113000 M	1 as Coo	In The E	Tallos Med
	JUL 2	5 1952	0 1	972	49		



5	Ora Corra	EALTH DEPARTMENT 52 E OF DEATH Registered No	6972
1.	NAME OF DECEASED LOUIS Leonard	2. DATE OF DEATH 1-13-	52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY	tion : residence before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION UNIVERSITY HOS 11 WARDER 1 WARDER		eRU and give township)
	ength of stay in Baltimore VNV Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	Dec. 14, 1883 9. AGE (in years last bight by Months) Months	Year If Under 24 Hours Days Hours Min.
Moly	A. USUAL OCCUPATION (Give kind of done dure) and the property of the control of t		ITIZEN OF VHAT COUNTRY?
13	VNK LEONARD	14. MOTHER'S MAIDEN NAME	
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? B. BO OF UN DOWN! (If yes, give war or dates of service) S. A. W.	Ruth Lynch, 844 Kon	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	OF DEATH	TERVAL BETWEEN NSET AND DEATH
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		cact locatiun)
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT WORK NOT WHILE AT WORK		
	22. Ifteraby certify that I attended the deceased from deceased alive on 19 and that death occu	19 to , 19 , tha	t I last saw the te stated above.

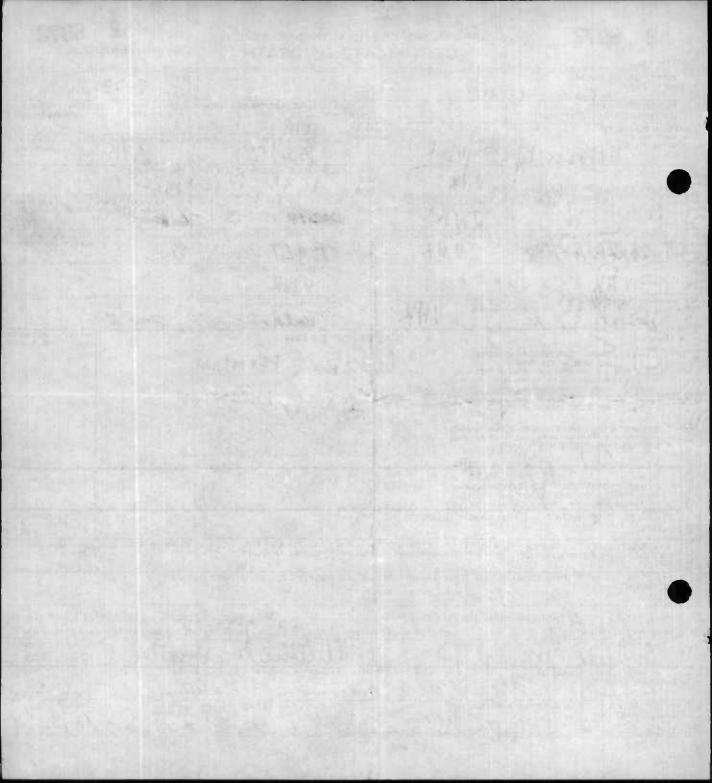
DATE RECEIVED BY

24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

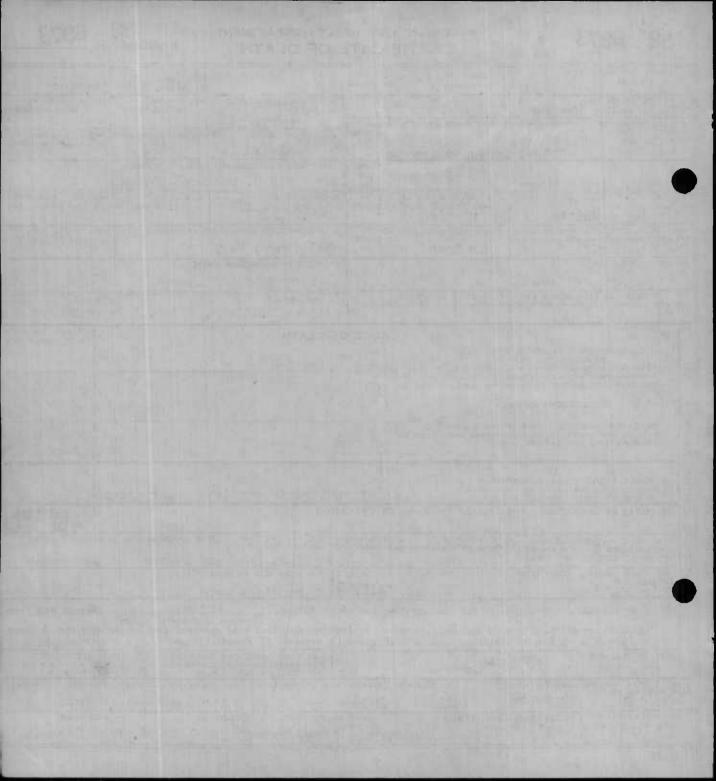


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

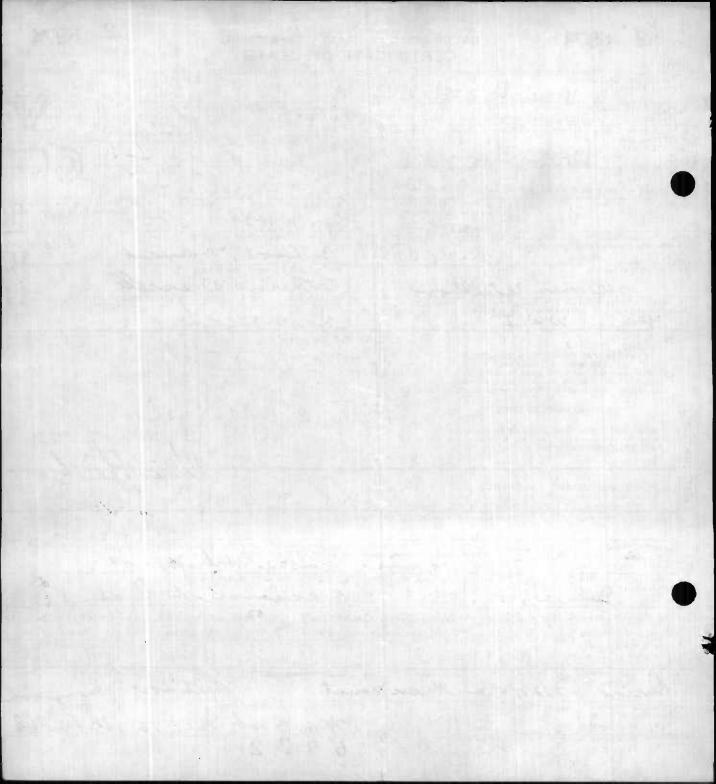
Segistered No. 6973

В	IRTH NO.			CERTIFICATI	E OF DEATI		
	NAME OF Day or Print)					2. DATE OF	
			A A. DI	XON		DEATH JULY	
	Baltimore	City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, If	f institution: residence before admission
В.	FULL NAME OSPITAL OR ISTITUTION		al or institut	tion, give street address or location)	c. CITY OR TOWN		ts write RUPAL and give
		513 S.	Lakewoo	od Avenue	Baltir	nore	township
				Yrs.		SS (If rural, give location)	
	Length of s	stay in Baltimore		Mos. Days	513 S.	. Lakewood Avenue	
1	sex female	6 COLOR OR RACE White	WIDOV	E, MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	ff Under 1 Year onths Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MA		
	Ju	mes Glance			Motilda	5-1-17-1	
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(Ie	e, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.		Dixon, 513 S. Tui	
CERTIFICATION	(This doe heart failtheart failt	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION G TO THE DEATH, BUT	TH If dying, e. In sthe disease aused deatl SES F ANY, GIVII STATING TI ST.	(B) (C) (A) Heat prosection (B)	rostration		
ER		DISEASE OR CONDITION	CAUSING I	T. ALVELLS		rdiovascular dis	ease
	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A			1 01- DI	ACE OF INVERV	or 21c, WHERE D	(74 to Political City	YES X NO
EDICAL	UNDERLYIN	NAL CAUSE WAS IG A OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e home	to.) INJURY OCCUP		give exact location)
Σ	OF INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCURRE	D 21F. HOW DID	INJURY OCCUR?	
	July 23	. 1952	m.	WHILE AT NOT WHILE	X Exhaustic	on from heat	
	the ev	idence obtained by eath in my opinion	said Auto	from: natural causes	nquiry, find that accident a	DICAL EXAMINER	
24	A. BURIAL.	CREMA- 24B. DATE		M. 24c. NAME of CEMETER		24b. LOCATION (City, town,	
TIC	N, REMOVAL (S	Specify)		Parkygod Cem		B Itimova Courts	
LC	TE RECEIVE		SIGNATE		25. FUNERAL DIRE	CTOR	ADDRESS
	S 151	1002 Harris	0	10000	6	Ly save.	
	3 151	1-981.3					



2 0/2 00/1	EALTH DEPARTMENT 52 6974 F.OF DEATH Registered No.
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) William H. Stell hory	St. 2. DATE OF July 23 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION Mercy Hosp.	Ballinion L (township)
Length of stay in Baltimore Luctury Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR PR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours
WIDOWED, DIVORCED (Specify)	apr. 19, 1899 \$53
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR TNDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Stallhorn	Catherine Dressell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or ynknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
yes w.w. I	Hosp. records
2 7 - 7.01	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	1 Production 48hrs.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	les conegrations Ladiers
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	CFRIFICATION APPROVED BY
€ UNDERLYING CONDITION EAST.	CEMITICATION AT THOUSED BY
	William LOWER M.D.
OTHER SIGNIFICANT CONDITIONS CON-	CHIEF OR ASST. MEDICAL EXAMINER.
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) 1NJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
OF INJURY July 21, 1952 m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereon certify that I attended the deceased from Ju	
deceased alive on 123, 19 and that death occu	rred atm., from the causes and on the date stated above. 238. ADDRESS 239. DATE SIGNED
Creverius a I visel M.D.	· (leaver Hosp 1/23/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	Ballimore h
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Huntington Williams M.F.	Wm. 6 roke mc, 1217 lb. Paul PB
vs 150	6972
N-981.3 490	6A

correct age 1 specially important. Inysicians: please wine the causes of heath civally and ic



BALTIMORE CITY HEALTH DEPARTMENT

52 6975

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Robert George Gaston July 22. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maruland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2841 W. Lanvale Street Baltimore Yis. D. STREET ADDRESS (If rural, give location) Mos. 2841 W. Lanvale Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Male Oct. 19. 1886 single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Tce Eusiness Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Caston Laura 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Annie M. Gaston. 2841 W. Lanvale Street INTERVAL BETWEEN 18. 22.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ü OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY 22. I hereby certify that Lattended the deceased from Leey 22195 and that death occurred at 10 Pm., from the carries and on the date stated above. deceased alive on 234 SIGNATURE 23 . ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) DON, REMOVAL (Specify St. Peters Cemetery Marylend DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR St. Paul St. eet VS 150

NOT A MEDICAL EXAMINER'S CASE

Willia Ward M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

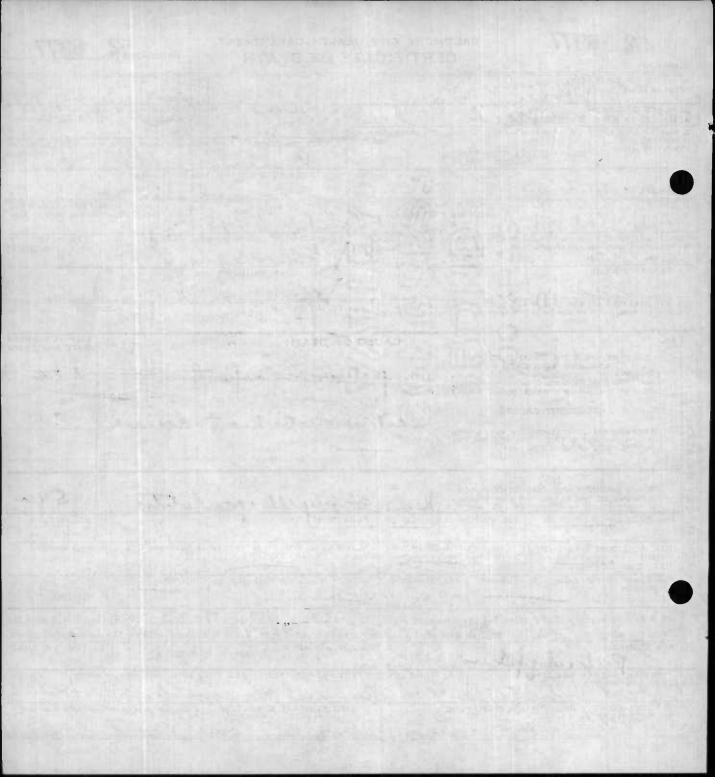
76	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.		
CEASED	Annie S Colton	2. DATE OF July 23, 1952		

В	IRTH NO.		CERTIFICATI	E OF DEATH	registereu	110.
1.	NAME OF DECEASED Type or Print)	Annie S.	Colton		2. DATE OF July DEATH	23, 1952
A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hos	oital or institutio	on, give street address or	4. USUAL RESIDENCE (A. STATE Paryland	Where deceased lived, I	f institution : residence before admission
	OSPITAL OR 314 S. A	igusta Av		Baltimore		its, write RURAL and give township
6	Length of stay in Baltimore		Yrs. Mos. Days		a Avenue	
	female 6. COLOR OR RAC	Wido	ED, DIVORCED (Specify)	Sept. 9, 1871	80	If Under 1 Year Ionths Days Hours Min.
WOL	DA. USUAL OCCUPATION (Give kind k done during most of working life, even if retire housewife	of 108. KIND	OF BUSINESS OR INDUSTRY	Baltimore, Ma	ryland	12. CITIZEN OF WHAT COUNTRY
	John Weber			14. MOTHER'S MAIDEN N Elizabeth Fill	The state of the s	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARM ss, no or unknown) (If yes, give war or d	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Ethel F. Sharp,		address sta Avenue
CATION	DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	ATH of dying, e. g. cans the disease caused death.) USES IF ANY, GIVING A) STATING THE	DUE TO Caudi	bral Wem Ugs Oulen L Lyperlium	Usene	B. Glas
CERTIFI	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BL TO THE DISEASE OR CONDITION	T NOT RELATED				20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLA	CE OF INJURY (e. g., in rm, factory, street, office bldg., e	n or 21c. WHERE DID	(If in Baltimore City,	YES NO
M	ID. TIME (Month) (Day) (Ye	w	TE. INJURY OCCURRI	ED 21F. HOW DID INJUR	RY OCCUR?	
	22. I hereby certify that I deceased alive on 234. SIGNATURE		and that death occur	red at 4. 45 m., from 3B. ADDRESS	the leauses and on	that I last saw th the date stated above
2 TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)		4c. NAME OF CEMETE		LOCATION (City, tow	n, or county) (State) Maryland
	OCAL REGISTRAR	ngton W	Missing M.P.	25. FUNERAL DIRECTOR		ADDRESS Paul Street

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro. 6977

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	0.0	2. DATE ().A. 1. 22, 1952		
a. Baltimore City, Maryland	A. STATE	ENCE (Where deceased lived, If institution : residence B. COUNTY before admission		
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	location) c. CITY OR TOWN	(If outside corporate limits, write RURAL and giv		
	Yrs. D. STREET ADDR	ESS (If rural, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARK	Days 342	B AGE (In years) If Undor 1 Year If Under 24 Hours		
male Coloned Mann	ORCED (Specify) Feb. 14, 16	199 S3 Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work doos during most of borking life, even if retired)	INDUSTRY 11. BIRTHPLACE	State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	14. MOTHER'S MA	AIDEN JAME		
15. WAS DECEASED EVER IN U. J. ARMED FORCES? 16. SC	DCIAL 17. INFORMANT	Cosby		
	CURITY NO. JOH	S HOPKINS HOSPITAL		
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	A) pulnovery	what I da		
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING	1) artenorelectie 1	vait duesse ?		
RISE TO THE ABOVE CAUSE (A) STATING THE DUI	Е ТО			
ONDERETING CONDITION EAST.	C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	raine Strongell	spoudyteter 540		
194. DATE OF OPERATION 198. MAJOR FINDIN	NGS OF OPERATION	20. AUTOPSY?		
LYING OR CONTRIBUTING about home, farm, factor;	INJURY (e. g., io or 21C. WHERE I	OID (If in Baltimore City, give exact location)		
≥	URY OCCURRED 21F. HOW DIE	INJURY OCCUR?		
In. WHILE AT	NOT WHILE AT WORK			
dcceased alive on 22, 1952, and that	ed from $J-22$, 195	2-to $7-2$, 1952 , that I last saw the from the causes and on the date stated above		
23A. SIGNATURE	23B. ADDRESS	OPKINS HOSPITAL 23c. DATE SIGNED		
24A. BURIAL, CREMA- 24B. DAVE 24C. NAT	ME OF CEMETERY OR CREMATORY	24b. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	125. FUNERAL FIR	ECTOP (Funeral DRESTONE		
JUL 25 1952 Murtington Williams	MAS MASS 16 81 7	Souid Will an		
VS 150				



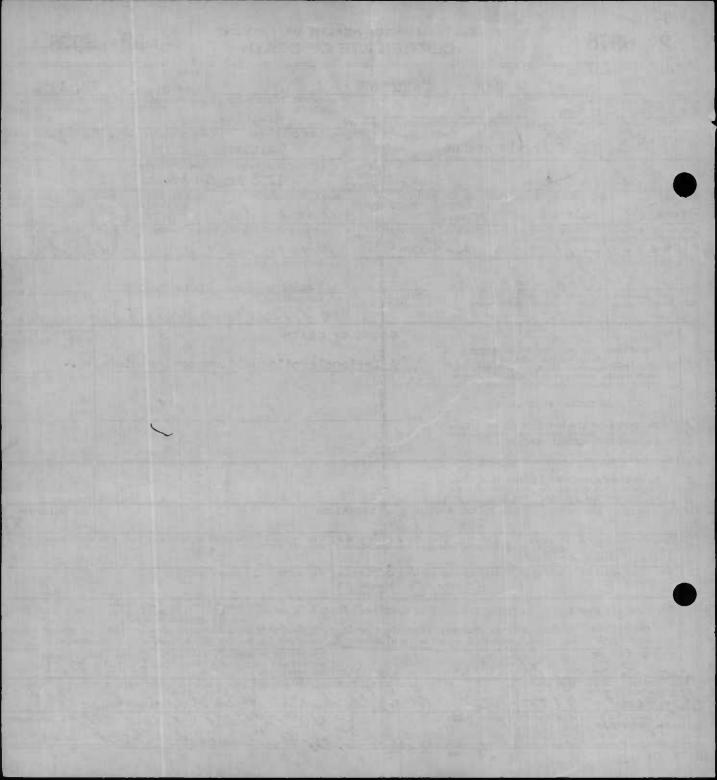
52 6978 BIRTH NO.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registe 2 No. 5978

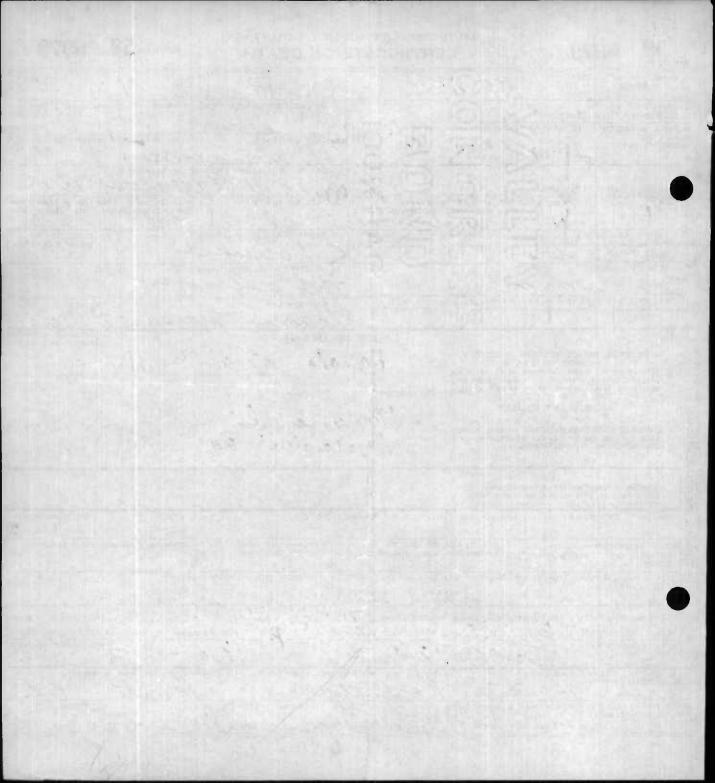
	IRTH NO.			CERTIFIC	AIE	OF DEATH	1006130	710-6	1010
1	NAME OF D	ECEASED					2. DATE		
			SARA	WASHING'	TON		OF DEATH	July 2	
	. PLACE OF DE	EATH: City, Maryland				4. USUAL RESIDENCE A. STATE	B. COUN		tution: residence before admission)
	FULL NAME	OF 'f not in hospit	al or institut	tion, give street add	lress or	Maryland			-
	NSTITUTION	1238 Argyl	e Aven		Lation)	c. CITY OR TOWN Baltimor		te limite, y ri	ite RORAL and give township)
-	NOT I	TEJU MIEJI	LO AVOL	40	Yrs.	D. STREET ADDRESS (ion)	
	Length of st	tay in Baltimore		5-3 2461	Mos.		yle Avenue		
	SEX	6. COLOR OR RACE	7. SINGL			8-BATE OF BIRTH	9. AGE (in ye	ears If Under	
	emale	colored	MAN		(Specify)	may 9, 1889	63	ay) Months	Days Hours Min.
M.Ot	DA. USUAL OCC	CUPATION (Give kind of f working life oven if retired)	108. KINE		OR	11. BIRTHPLACE (State or	foreign country)		CITIZEN OF WHAT COUNTRY!
	House	wife	6	Home		Middlesex	Co. Val	· U	l. S. a.
1.	3. FATHER'S N					14. MOTHER'S MAIDEN	NAME /		
1-	NAS DECEASE	Chard 13	OSTO			HANNAH	BUNG)Y	
(Y	es, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT		ADDR	
	1 /			I .		Mrs. OZEALIE	H. HENRY	21271	ENNA AVE.
	18. 42	ν / _I			USE C	OF DEATH			ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TU		torio	sealeratic cardi	ovesculer	diseas	0
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.) DUE TO								
		ANTECEDENT CAUS	SES	(2)					
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
FA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)								
ERTIFICA		3.1							
Ë		IGNIFICANT CONDI							
E H		TO THE DEATH, BUT SEASE OR CONDITION							
U	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF	OPERA	TION			20. AUTOPSY1
CAL	214 FYTERN	IAI CALISE WAS	218. PL/	ACE OF INJURY	(e. g., In	In or 21C. WHERE DID (If in Baltimore City, give exact location)			
EDIC	21a. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB. UTING CAUSE OF DEATH. 21a. PLACE OF INJURY (e. g., in or 21c. WHERE DID (if in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Σ	21D. TIME (Month) (Day) (Year)		21E. INJURY OC		2 1F. HOW DID INJU	RY OCCUR1		
	m. WHILE AT NOT WHILE TO WORK AT WORK								
22. I certify that I took charge of the remains described above, held an inspection & inquiry								uiry th	ercon and from
	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above								
	and death in my opinion resulted from: natural causes \(\mathbb{L} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined \(\mathbb{L} \).								
	AC	anley A	· Du	neadra	M.E	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	L EXAMINER		22, 1952
	4A. BURIAL. C			24C. NAME OF CE	METER		LOCATION (City	town, or co	unty) (State)
1	Surias	17/25/	1952	Mr.	Un	hum 13	ulten	une,	ma.
D.	ATE RECEIVED	BY REGISTRAR	SIGNATU	IRE	12	NERAL DIRECTOR	el tus	SCHADE	RESS Asal
_	941 20	1934 writing	lon IV	LIAMIS M.	45 6	160/100	wid 2	rill	Was.
V	S 151	0	1 7	~ 4m					3 /



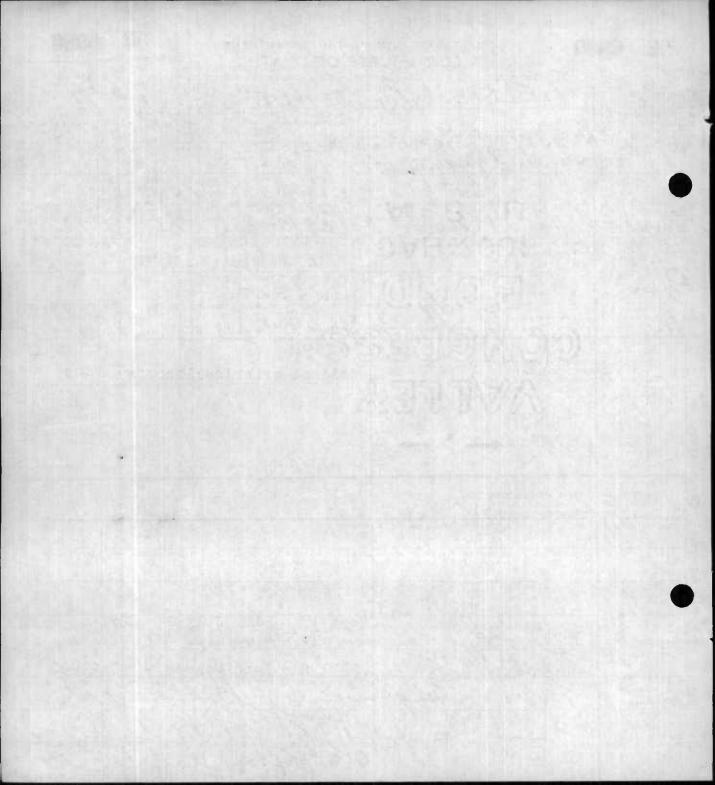
BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE COHEN (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (location) C. CITY OR TOWN (If outside corporat limits, write RURAL and give INSTITUTION township) murore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Musou ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) las (Drindsy) Months: Days Hours: Min. widow IOA, USUAL OCCUPATION (Give kind of work glope during most of working life, even if retired) 10B. KIND OF BUSINESS OR II. BIRTHELACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? puse wife 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME nown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL NFORMANT **ADDRESS** (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING will demape RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT m. WORK AT WORK 19 ... to 22. I hereby certify that I attended the deceased from. 19 that I last saw the and that death occurred at 5 m., from the causes and on the date stated above. . 1927 deceased alive on 1 1 14 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 244 BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

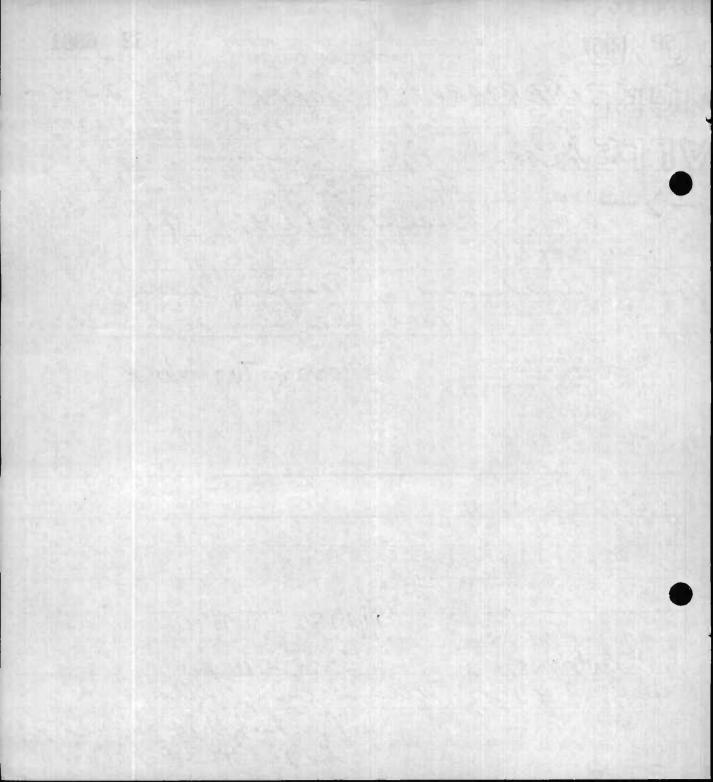
LOCAL REGISTRAR

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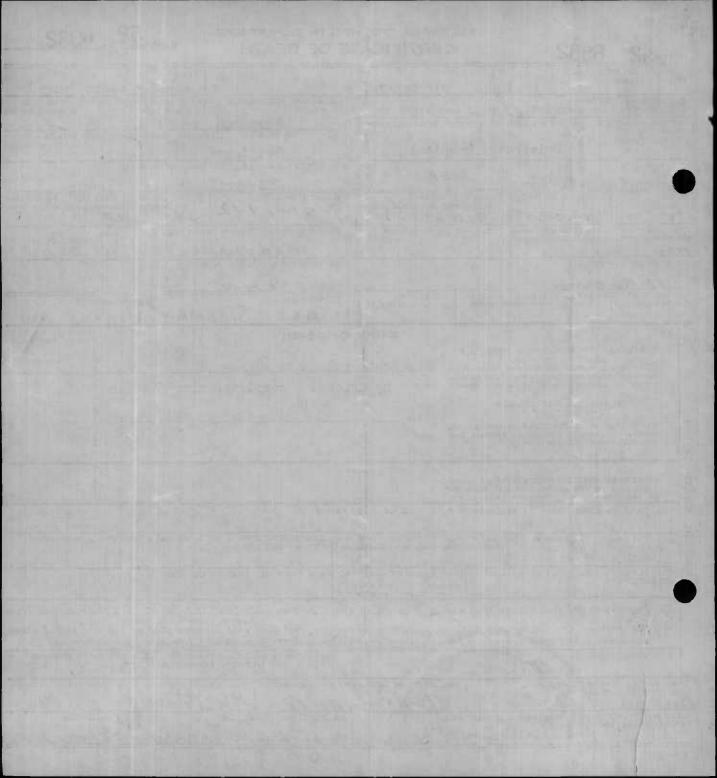
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ВІ	52 RTH NO.	6980)				ALTH DEPARTMENT	S Registere	Z d No	6980
	NAME OF ype or Print		ME	LLI	= hA	W	RENCE	2. DATE OF DEATH	-21	4-17
Α.	PLACE OF Baltimore	City, M		-1 In	ion, give street addr		4. USUAL RESIDENCE (V	Where deceased lived B. COUNTY		itution: residence before admission)
HC	FULL NAM SPITAL O STITUTION	R	TN.	Cha	ME LES		c. CITY OF TOWN (If	outside corporate li	mits, w	rite RURAL and give township
C.	Length of	f stay in l	/ Baltimore	6.	-	Yrs. Moor		rural, give location	17	
1	EMAL	E wh.	FOR RACE	W SON	MARRIED. VED, DIVORCED (S	pecify)	Oct 13-186	06	Month	Days Hours Min.
	A. USUAL done during m	ot of working l	OH (Give kind of ife, even if retired)	10B. KINE	OF BUSINESS C INDU:		NEW YOR	oreign country)	12.	CITIZEN OF WHAT COUNTRY?
13	A THER'S	NAME	ON	IELL			GLLEN	AME		
15 (Yes	WAS DECE	ASED EVER	IN U.S. ARME give war or date	FORCES?	16. FOCIAL	10.	MARGAGE + So how	ebact ?	ZADDA BEN	to Lov St
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) generalized arteriosclerosis (A) DUE TO							INTERVAL BETWEEN ONSET AND DEATH -		
		DISEASE OF OPER	ATION		FINDINGS OF	OPERA	ATION			20. AUTOPSY?
EDICAL	LYING		S UNDER.		ACE OF INJURY farm, factory, street, office			If in Baltimore Ci	ty, give	
Σ	ID. TIME		(Day) (Year			WHILE	21F. HOW DID INJUR	Y OCCUR?		
	22. I hereby certify that I attended the deceased from fSept 17, 1951, to July 24, 1958, that I le deceased alive on 7-24, 1952, and that death occurred at 4:00Am., from the causes and on the date sto								date stated above.	
2.	23A. SIGI	CDEMA	Paron 24B, DATE	th	ME OF CE	D. 2	38. ADDRESS 2431 MarylandA 3Y OR CREMATORY 240.	henue OCATION (Gity, to	7	-24-52 county) (State)
X D.L.	ATE RECEI	VED BY	7- X	SSIGNATI	Haly/C	ed Will	29 FUNERAL DIRECTOR	B.M. U	Ra	DDRESS
	VS 150			3	1	6	Graffy	Stree	Lie	DYS.





Registered No. 6982 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF NICHOLSON AGNES DEATH July 23 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland AALTIMORE A. STATE B. COUNTY before admission) B. FULL NAME OF i'f not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) LIFE. Mos. Length of stay in Baltimore Days 204 Myrtle Avenue 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under | Year If Under 24 Hours last birthdny) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) female colored SINGLE. 10 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND. U. S. A. HOUSE WORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 204ADDRESS (Yes, no or unknown) SECURITY NO. TROMAN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Acute pulmonery edema (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO hypertensive cardiovascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an inspection & inquirythereon and from the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER X 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR ... 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) JURIAL DATE RECEIVED BY LOCAL REGISTRAR

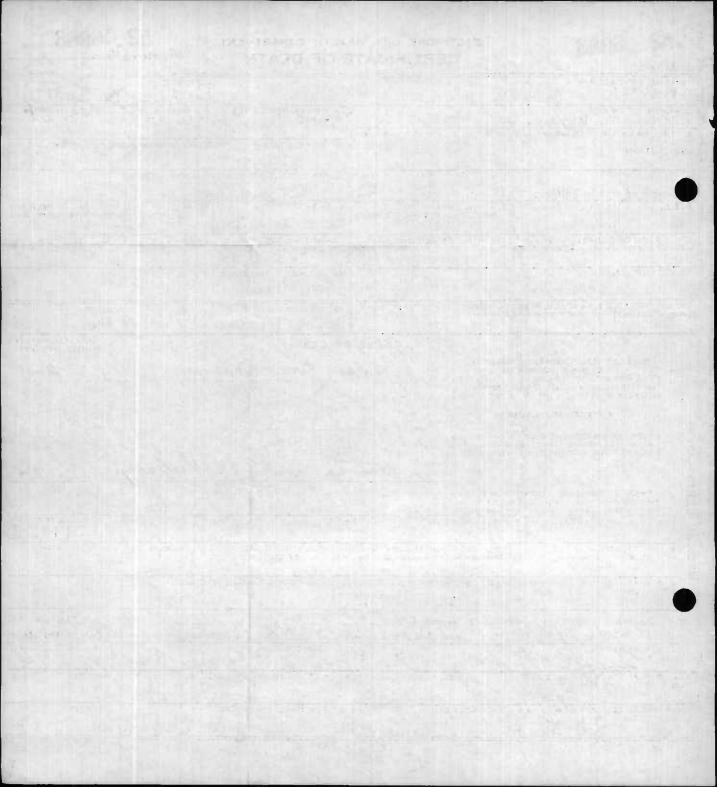
V S 151



BALTIMORE CITY HEALTH DEPARTMENT

52 6983
Registered No.

В	RTH NO.			CERTIFICATI	E OF DEATH				
1. (T	NAME OF D					2. DATE			
			M. Cha	mpness,		DEATHJULY			
a. Baltimore City, Maryland 2214 E. Hoffman St.					4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution: residence before admission)		
В.	FULL NAME			ion, give street address or location)	Maryland	0	ALL		
	STITUTION			location)		f outside corporate limi	s, write BURAL and give township)		
				V	Baltimore	()			
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
5.	Length of St	tay in Baltimore	7 SINGLE	Days Days	2214 E. Hoffman St. 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year It Under 24 Hours				
	Wale	White	WIDOW	(ED. DIVORCED (Specify)	March 22, 1875	last hirthday) Me	onths Days Hours Min.		
_		CUPATION (Givekinder		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF		
worl	doceduriog most o	f working life, even if retired)		INDUSTRY	STANDARD THE CONTRACT CANDIDATES	ordigit country)	WHAT COUNTRY?		
	. FATHER'S N	IAME			Maryland 14. MOTHER'S MAIDEN N	IAME			
		a Champness			Ella Simms				
15		D EVER IN II S ARME	D FORCES?	16. SOCIAL					
(Ye	No or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT Edward Champness		DDRESS		
-	/	4 0	June 1975		•	s 5501 Itamona	INTERVAL BETWEEN		
	18. 4 Y	r. I arre	t 93	1.9 CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does the mark the mar								
heart failure, asthenia, etc. It means the disease,							0 //		
	injury or complication which caused death.) DUE TO								
-	ANTECEDENT CAUSES								
ő	DISEASES OR CONDITIONS, IF ANY, GIVING								
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
RTIFICATION	(c) arteriosclerotic C. V. diciare 3- 4 grs								
E									
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
O		F OPERATION		FINDINGS OF OPER	ATION	***************************************	20. AUTOPSY?		
AL		0					YES NO		
MEDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY (e. g., infarm, factory, street, office bldg., e		If in Baltimore City,	give exact location)		
E	HOMICIDE	(Specify)	about nome,	arm, ractory, atreet, ounce bigg.,	INSORT OCCOR?				
2		Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
	OF INJURY		m.	WHILE AT NOT WHILE					
	22. I hereb	22. I hereby certify that I attended the deceased from 3/23/52, 19, to 3/23/52, 19, that I last saw the							
	deceased alive on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
	23A. SIGNA),		3B. ADDRESS	0	23c. DATE SIGNED		
	12	elg: 17.	more	2 111 111	148 11.	esae ane	7/25/52		
710 TI	A. BURIAL, CON. REMOVAL (S	pecif(s)		24c. NAME OF CEMETE	RY OR CREMATORY 220. I	LOCATION (City, town	, or county) (State)		
Bı	ırial	/ July 26	, 1952	Baltimore		timorem Md.			
	ATE RECEIVE		'S SIGNATI	JRE 1	25. FUNERAL DIRECTOR	. 0.1	ADDRESS		
	JUL 25	1952 Hunt	inston	Welliams M.	Alrich Luneral H	Ome 12008 Orl	eans St.		
	VS 150		0	. 6 5	i di i				
11	11-	981 X		3 44					
	/ \	1 4 , 14							

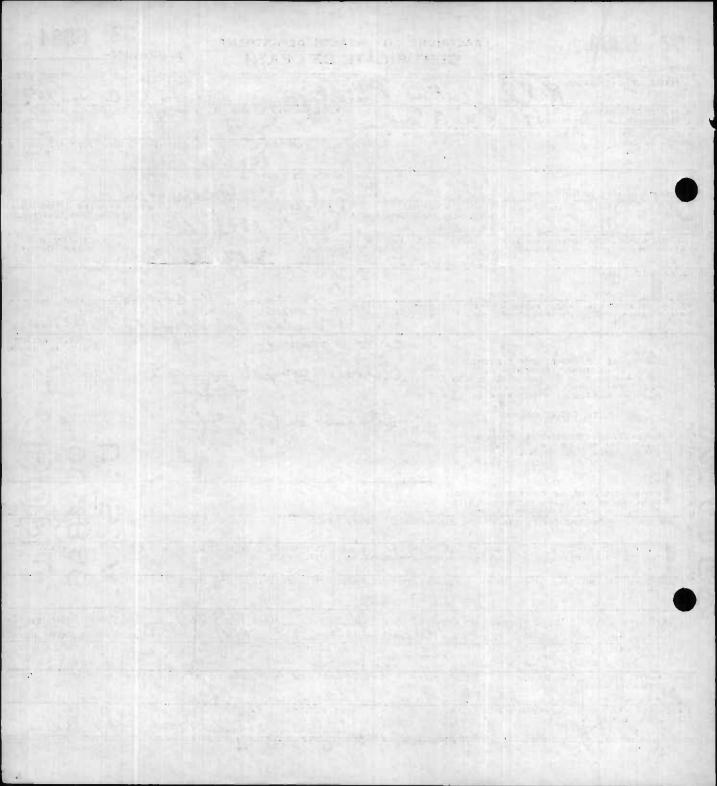


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BALTIMORE CITY HEALTH DEPARTMENT

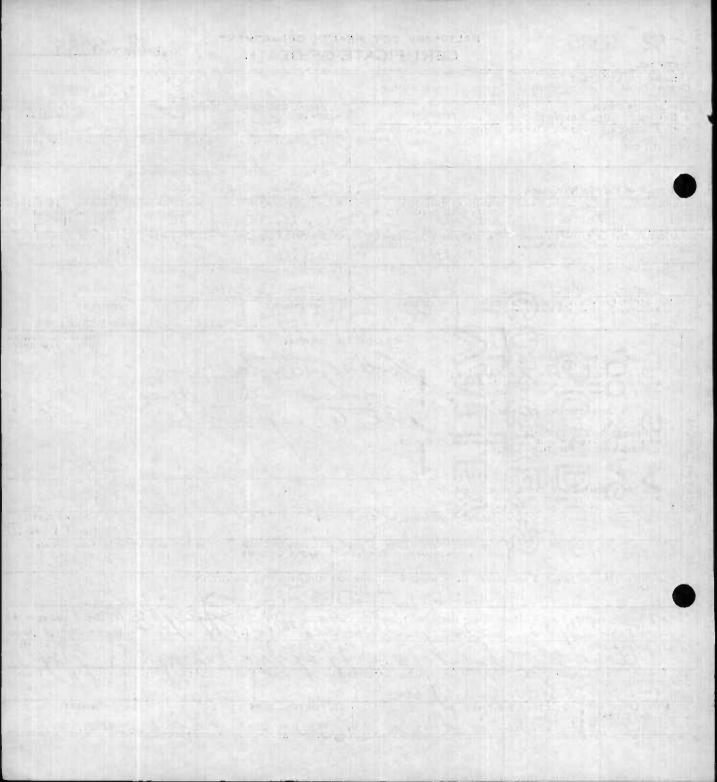
52 6984

В	RTH NO.	OF DEATH	Registered No					
1. (T	NAME OF DECEASED K Elizabeth Phil	lips	2. DATE OF DEATH	23/52				
A.	PLACE OF DEATH: Baltimore City, Maryland 17 R Glover 4.	USUAL RESIDENCE (Where deceased fived. If in B. COUNTY	titution : residence before admission)				
H	FULL NAME OF (If not in hospital or institution, five street address or location) C. OSPITAL OR	CITY OR TOWN (I	If outside corporate Units	with RUMAL and give township)				
	Length of stay in Baltimore		f rural, give location)					
5		uly 10 188	9 AGE (In years) Hill	he Days Hours Min.				
1C worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of loop.) INDUSTRY INDUSTRY	BIRTHPLACE (State or		2. CITIZEN OF WHAT COUNTRY				
13	FATHER'S NAME Crough 0	. MOTHER'S MAIDEN	Jesel ent					
(Ye	(If yes, give war or dates of dervice) 16. SOCIAL SECURITY NO.	orolly Po		X glowers				
	18. 478. 1 1 CAUSE OF	1	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	& heart	141					
7	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	CVD	2045.					
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		8					
FIFE	II (c)							
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
AL.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	ON		20. AUTOPSY?				
EDIC/	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location)							
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	m. WHILE AT NOT WHILE AT WORK							
	deceased alive on 32, 1952, and that death occurred at 7 Pm., from the causes and on the date stated above.							
	23A. STONATURE De Joel M.D. 23B. ADDRESS Bulto St 23C. IDATE SIGNER 1 24 52							
TI	Burial, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF Burial Specify)	aven	Bello					
L	THE RECEIVED BY REGISTRAR'S SIGNATURE 25.	Club in	Mon 200	W. Hen				



BALTIMORE CITY HEALTH DEPARTMENT SOLUTION No. 6985

E	IRTH NO.		CERTIFICATI	E OF DEATH	Registéréd	No.0303		
	NAME OF DECEASED				2. DATE			
		HRISTOP	HER SENNETT		OF July			
9 A	. PLACE OF DEATH: Baltimore City, Maryland 36	Ol Robe	rts Place	4. USUAL RESIDENCE (W	Where deceased lived, I: B. COUNTY	institution : residence before admission)		
	FULL NAME OF (If not in hospit OSPITAL OR	al or institut	ion, give street address or location)			-1115		
1	NSTITUTION		1000000,	C. CITY OR TOWN (If outside corporate limits, write CURAL and give township) Baltimore				
			Yrs.	D. STREET ADDRESS (If rural, give location)				
	ength of stay in Baltimore		Mos. Days	3601 Roberts Place				
	ale 6.COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED, (ED, DIVORCED (Specify) EQ	B. DATE OF BIRTH Feb. 14, 1876	9. AGE (ln years last birthday) M	onths Days Hours Min.		
1	DA. USUAL OCCUPATION (Givekinder		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF		
WO	k done during most of working life, even if retired) Riveter foreman		yards	Maryland		WHAT COUNTRY		
1	3. FATHER'S NAME	-		14. MOTHER'S MAIDEN NA	AME			
_	Samuel Sennett			Elizabeth Spark	cs			
1 (Y	5. WAS DECEASED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
_	No.			Mrs. Nora B. Senr	nett 3601 Rol	perts Place		
	18. 442 X		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) BUE TO pascular reval disease							
7	ANTECEDENT CAUSES (tente moradeles) 5 da							
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
TIFICAT	UNDERLYING CONDITION LA	AST.						
FI			_(C)		Bio 1000			
ERT	OTHER SIGNIFICANT COND							
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	CAUSING I	т					
AL	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO		
ll U	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City,			
MEDI	HOMICIDE (Speedy)	sbout bome,	arm, ractory, street, onice bidg., e	INJURY OCCURY				
2	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
m. WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from the 19 3 to Ally 2 39 6, that I last saw the							
	deceased abive on 1/22, 1932, and that death occurred at 6 m., from the causes and on the date stated above.							
	23A. SIGNATURE	Kar	shy M.D. C	38. ADDRESS The E	Eden &	23c. DATE SIGNED		
7	24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION/(City, town, or county) / (State)							
11	Burial July 26		Dak Lawn	l Co	olgate. Md.			
L	ATE RECEIVED BY REGISTRAR	SSIGNATU	A/u.	25. FUNERAL DIRECTOR		ADDRESS		
_	JUL 25 1936 7 unti	window	W. Cause Mit	Ullrich Juneral H	iome 2008 Or	Leans St.		
	VS 150	0	72 T 1 187					



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		Mal				
9	worl	A. U.	durin	g mo	stof	
	13	. FA	THE	R'S	N	1
	15	. WA	S DE	CEA	SEI	
1	(Ye	s, no c	or unl	now	n)	
		18.		5	8	
			(Th	is d	ocs	
2			hear	rt fa		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6986

Registered No. CEASED 2. DATE OF July 22, JOHN CLARK DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence ATH: Baltimore before admission) ty, Maryland Maryland (If not in hospital or institution, give street address or c. CITY OR TOWN (If outside corporate limits, write RURAL and give Dundalk University Hospital o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1520 Randolph Avenue v in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) METTLE G 9. AGE (In years | Monder | Year | 11 Under 24 Hours | last birthday) | Months Days | Hours Min. COLOR OR RACE April 14 1 900 White 11. BIRTHPLACE (State or foreign country) UPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? working life, even if retired) Construction fork Pennsylvania AME LACT 14. MOTHER'S MAIDEN NAME Vm Clark Mandie Henry EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Henry I Baker Enyder Ville Linthicum Hights INTERVAL BETWEEN CAUSE OF DEATH 1.0 ONSET AND OEATH E OR CONDITION DIRECTLY LEADING TO DEATH Fatty liver not mean the mode of dying, e.g., e, asthenia, etc. It means the disease, complication which caused death.) OUF TO ANTECEDENT CAUSES DISFASES OR CONDITIONS, IF ANY, GIVING ERTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{M} \), accident \(\mathbb{M} \), suicide \(\mathbb{M} \), homicide \(\mathbb{M} \), undetermined \(\mathbb{M} \). 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION BEHOVAL (Specify) 24D. LOCATION (City, town, or county) 24d NAME OF CEMETERY OR CREMATORY 24B. DATE L ADDRESS DATE RECEIVED BY SIGNATURE LOCAL REGISTRAR

V S 151

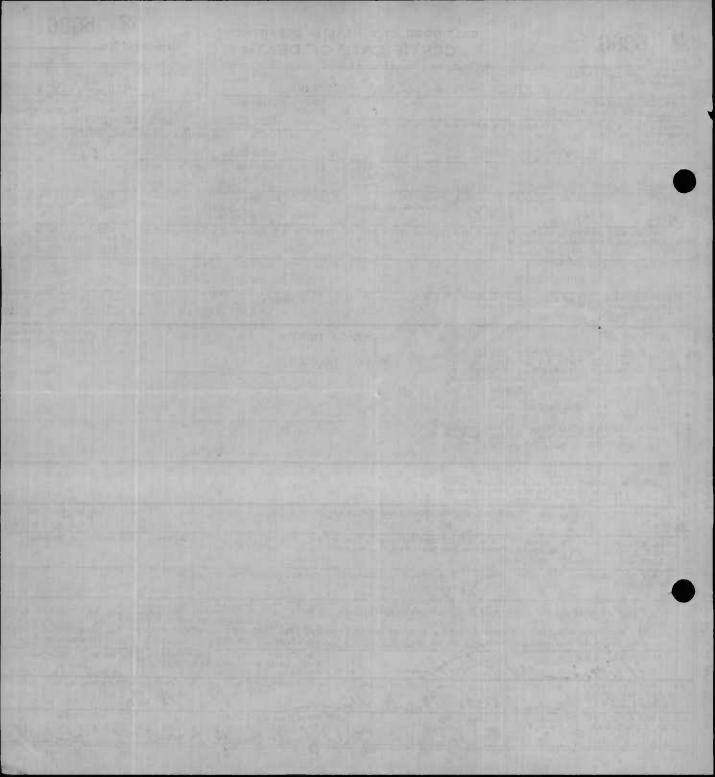
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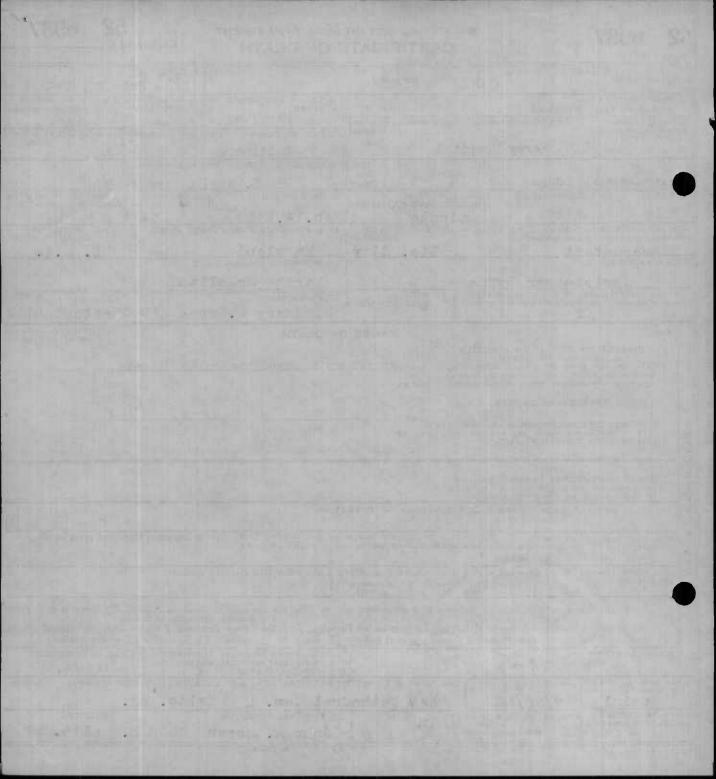


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

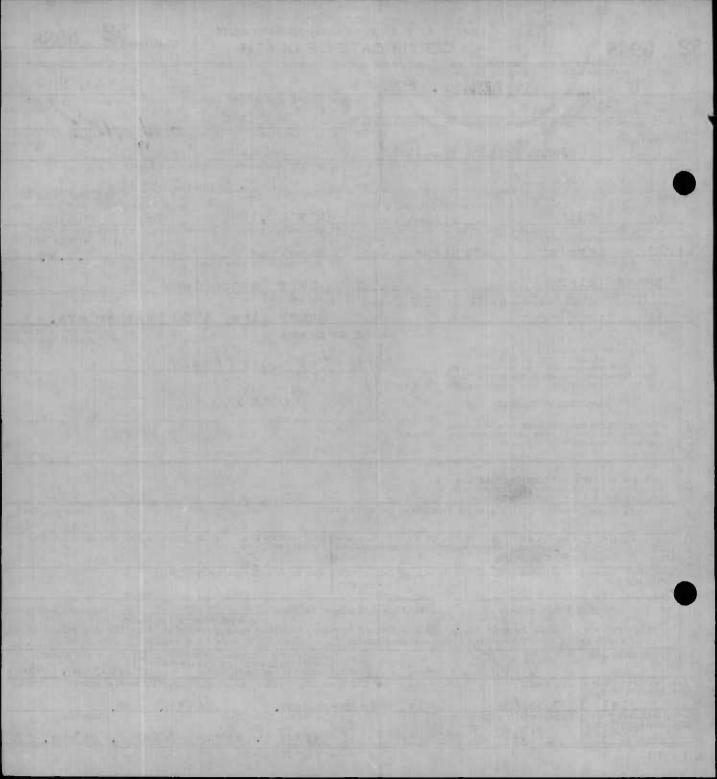
6987 52 Registered No.

BIRTH NO.							
1. NAME OF (Type or Print		GEORGE	BYRNF		2. DATE OF DEATH JULY	7 24, 1952	
3. PLACE OF	DEATH: City, Maryland			4. USUAL RESIDENCE			
B. FULL NAM	E OF ('f not in hospit	al or institutio	n, give street address or	Maryland	B. COONT	bergre au	111021011
HOSPITAL OF			location)	c. CITY OR TOWN	(If outside corporate lire		
3.3	Mercy	Hospita	al	Baltimore		- 01 10	wnshij
			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
Length of	stay in Baltimore	?	? Days	214 E. Bi	ddle Street		
S. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year If Under	24 Hour
male	white		ngle	Feb.14.1888	64	Days House	1
10A. USUAL C	CCUPATION (Give kind of stof working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN O	
	untant	В	alto. City	Maryland		U. D.A.	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	0 0 11	
C:	hristopher B	Byrne		Martha McCe	lland		
15. WAS DECEA	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS -C	rra
?	?	?	SECURITY NO.	MissMary M. H	Byrne 610 C	hestnut H	117
18. 46	/ à '.v		CALISE	OF DEATH		INTERVAL BE	
DISE	ASE OR CONDITION					ONSET AND	DEAT
(This do	Des not mean the mode of	TH of dying, e.g.,	(A) Hypert	ensive cardiovas	cular disease		
heart fai	ilure, asthenia, etc. It mea or complication which c	ns the disease.			P-1 PV VV V V V V V V V V		***********
			502 10				
	ANTECEDENT CAUS	ES					
	ES OR CONDITIONS, IN					**********	
UNDER	LYING CONDITION LA	ST.					
3			(C)				
OTHER	SIGNIFICANT CONDI	TIONS CON.					
	NG TO THE DEATH. BUT DISEASE OR CONDITION	NOT RELATED					
TI			INDINGS OF OPER	ATION		20. AUTOF	
							NO X
ZIA. EXTER	RNAL CAUSE WAS		E OF INJURY (e. g., i		(If in Baltimore City,		
UNDERLYI	NG OR CONTRIB-	about bome, far	m, factory, street, office bldg.,	etc.) INJURY OCCUR?			
ш	(Month) (Day) (Year)	(Hour) 21	IE. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?		
OF INJURY	Y (====, (===,)	WH	ILE AT NOT WHILE		KI OCCOK!		
			VORK AT WORK		.1		
22. I cert	tify that I took char	ge of the r	emain <mark>s d</mark> eseribed o	bove, held an inspec	CULON & inquiry, Inspection or Inquiry	ry thereon and	fron
the e	vidence obtained by	said Autop	sy, Inspection or l	inquiry, find that said	deceased died on t	he day stated	above
				A, accident D, suicid			
23A. SIGNA	ATURE RIA	10.		238. CHIEF MEDICAL ASSISTANT MEDICAL	EYAMINED T		
2.44 BUDIAL	CREMA SALES	while		.D. MEDICAL INVESTIGA	TOR		952
24A. BURIAL. TION, REMOVAL	(Specify)		c. NAME OF CEMETE		LOCATION (City, town	, or county) (State)
Buri		52	New Cathe		Balto. Md.		
DATE RECEIVE	TRAN OF O	SIGNATUR	E/10.	25. FUNERAL DIRECTOR		ADDRESS	
JOE ;	20 1904 1 male	uglow V,	Vellysus M.J	John A. More	an 3000 E.	Balto. S	5/
V S 151	3	0 00 6		U / No Lucio		,/	
			0009	3		V	



15	20	0	В	ALTIMORE CITY H			Register	52	6988
1 (NAME OF I	DECEASED	milows	CERTIFICAT	E OF DEA	I H	2. DATE OF T		3, 1952
A		City, Maryland	THOMA		A. STATE	ryland	here deceased live	d. If instit	
ll H	. FULL NAME IOSPITAL OR NSTITUTION			ution, give street address o location	C. CITY OR TO		outside corporate	limits vri	te RURAL and give
Story.	ength of	stay in Baltimore		Hospital Yrs. Mos. Days	D. STREET ADI	DRESS (If)	rural, give location		34 185
To To	. sex	6.COLOR OR RAC	E 7. SING	LE. MARRIED, OWED, DIVORCED (Specify	8. DATE OF BII	ктн	9. AGE (In year	s If Under	Year If Under 24 Hours Days Hours Min.
1 wor	OA. USUAL OC	CCUPATION (Givekin of working life, even if retir	ed)	Widowed ND OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fo			CITIZEN OF WHAT COUNTRY
	3. FATHER'S	NAME		(h)	14. MOTHER'S	MAIDEN NA			J-S-M-
On TO SO	5. WAS DECEAS	ED EVER IN U. S. ARI	MED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17. INFORMAN	Т	4708 Wal	ADDRE	
NOIL	DISEASE OR CONDITIONS IF ANY GIVING CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) HY DEXT. CAUSE DUE TO DUE TO (B)								NTERVAL BETWEET
CERTIFICA.	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								20. AUTOPSY?
ICAL		NAL CAUSE WAS	21B. P	LACE OF INJURY (e.g.,	in or 21C. WHER	E DID (II	f in Baltimore Ci		YES NO
MEDIC	UNDERLYIN UTING	OR CONTRICAUSE OF DEAT	н.	e, farm, factory, street, office bldg.					
	OF INJURY		m.	WHILE AT NOT WHILE WORK AT WORK		אאטנאו סומ			
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day sta and death in my opinion resulted from: natural causes A accident A suicide A homicide A undetermin							ereon and from y stated above ermined \square .	
200	23A. SIGNA	TURE	TAF.	isher .	ASSISTANT	MEDICAL E	XAMINER	July	24, 1952
TI	AA. BURIAL. ON, REMOVAL (BUP! ATE RECEIVE OCAL REGIS	Specify) 7/26 D BY REGISTRA		_ [////- /	25. FUNERAL D	l j	Balto.	ADD ADD	oress
]] \	S 151			6903	T 12 16	Juns			

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



	452 52 6989 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE	
	1. NAME OF DECEASED (Type or Print) Henbent	Walliams	2.
7	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where
	B. FULL NAME OF (If not in hospital or INSTITUTION JOHNS HOPK)	institution, give street address or location) NS HOSPITAL	c. CITY OR TOWN (If outsi

E	OF DEATH	Registered No.
		2. DATE OF DEATH UNLY 20, 1952
r	4. USUAL RESIDENCE	E (Where deceased lived, If institution: residence B. COUNTY before admission)
)	C. CITY OR TOWN	(If outside corporate limits write I/URAL and give township)
	D. STREET ADDRESS	(If rural, give location) Llsucht 5+ 19. AGE (In years) II Under 1 Veer II Under 24 Hours
()	(0 - 9 - 0 2 11. BIRTHPLACE (State	last birthday) Months Days Hours Min.
Y	Goldo,	WHAT COUNTRY?
دا	Sodoni	a heal
9	77 JOHNS	HOPKINS HOSPITAL
0	F DEATH	INTERVAL BETWEEN
4	to l'ose	la accolet
RA	TION	20. AUTOPSY?

Yrs. Mos. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify MA 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTR 13. FATHER'S NAME 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO (Kes, no or unknown) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPE 19A. DATE OF OPERATION MEDICAL 21B, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 152 to 7-20, 1952 that I last saw the 22. I hereby certify that I attended the deceased from. -20, 1952, and that death occurred at 730 Pm., from the causes and on the date stated above. deceased alive on] 23c, DATE SIGNED 23A STONATURE 23B. ADDRESS JOHNS HOPKINS HOSPITAL 24A. BOMIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

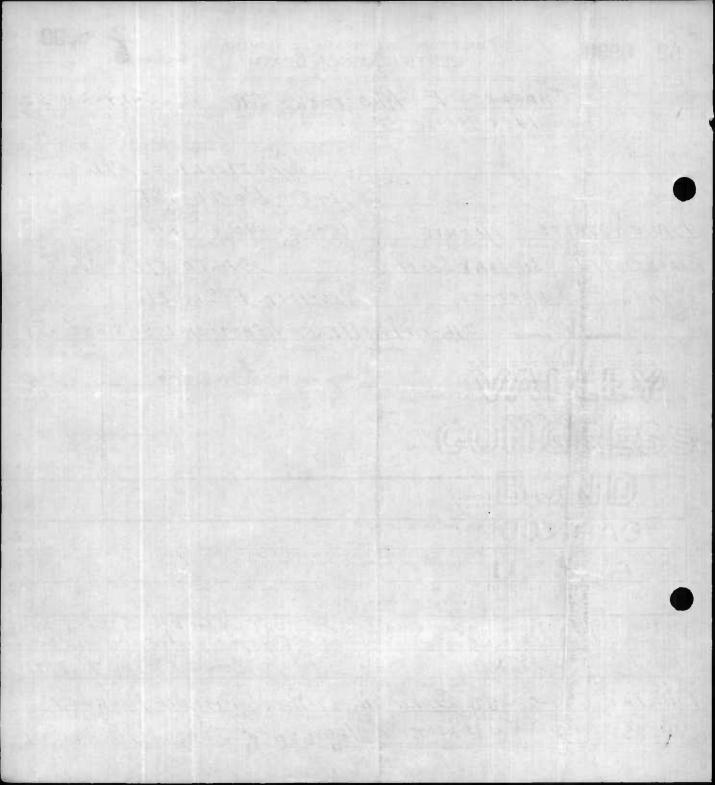
Quelet would reach to J. C. W. C. C.

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,	52	6990

BALTIMORE CITY HEALTH DEPARTMENT

52 6990

CERTIFICAT	E OF DEATH Registered No.
BIRTH NO.	
(Type or Print) CHARLES E REB	STOCK SR OF DEATH JULY-24-52
A. Baltimore City, Maryland/450 Boyke ST	4. USUAL RESIDENCE (Where deceased lived, it institutes a side of a STATE B. Coll NTV lefore mission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	BALTIMORE 14D township
44 4 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1450 BOYLE ST
MALE WHITE MARRIED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year last birthday) Oct 29-1907 144 9. AGE (In years of Under I Year last birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
BLACKSIMITH SINGLAR SCOTT GO	BALTO MD US
(PILL PLET POTENTIAL CANNING MEHNAY (1)	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	VRUCILLA- & COLWELL
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	HELEN REBSTOCK. 1450 Boyle St
	OF DEATH MATERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	my transmit
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION.	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSYY
0	YES NO Z
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home, farm, street, office bldg., about home, farm, street, street, street, street	
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHALE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	19 24 , 195, to les 14, 195, that I last saw the
deceased alive on 19 Land that death occur	rred at 206 m., from the gauses and on the date stated above.
	23B. ADDRESS 123C. DATE SIGNED 7/24/52
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 7-28-52 GLEN HA	VENPARK RISCHIE HIGHWAY
DATE RECEIVED BY REGISTRAR'S EIGNATURE.	25. FUNERAL DIRECTOR ADDRESS
LOGAL REGISTRASS Tuntington Williams - Mr.	GENHARD Faile 121 & West St
VS 150	
0 0 0	

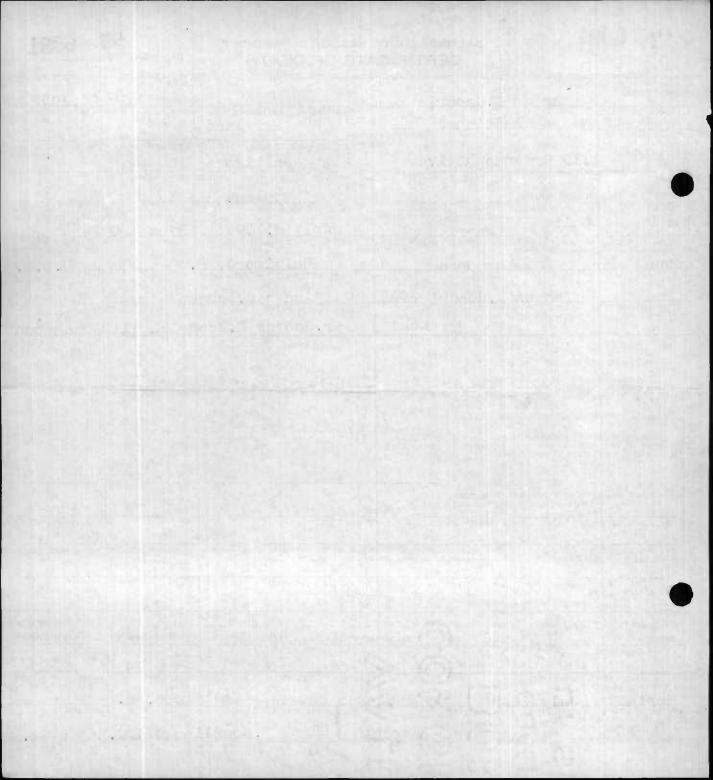


352 6991

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6991

В	RTH NO.		CERTII TOAT	L OI DEATH		
	NAME OF DECEASED ype or Print)				2. DATE OF	
(1	Agne	s M.Go	odrich		DEATH July	v 24.1952
A.	PLACE OF DEATH: Baltimore City, Maryland	Baltim	ore	A. USUAL RESIDENCE (- COLLECTIVE	institution : residence before admission)
	FULL NAME OF (If not in hospi	tal or institut	ion, give street address or location)			
	STITUTION 1119 Gree	322MA3124		C. CITT OR TOWN		s, write HUPAL and give township)
	TTT9 GI-6	311111OUIT		Baltimo		*
	Mada La Casa La June		58 Yrs.	o. STREET ADDRESS (If	rural, give location)	
	Length of stay in Baltimore		16 Days	1119Greenma	ount Ave	
	emale White		E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) ft	Under I Year Il Under 24 Hours nths: Days Hours Min.
	112200	Mar	ried	July 8, 1894	58yrs (0 16
1C	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House work		ome.	Baltimore	Md	TT C A
13	. FATHER'S NAME	<u> </u>	Jine .	14. MOTHER'S MAIDEN		U - S - A -
	Tile a a	T 0.		A	, 4	
15	. WAS DECEASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	Agnes C. Mc		CORECC
(Ye	s, no or unknown) (If yes, give war or dat	es of service)	SECURITY NO.			DDRESS Ave.
	No		none	Mr.George R.G	foodrich II.	19Greenmount
	18. 420.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		0	7		1 1
	(This does not mean the mode	of dying, e.	g., (A)	was I knowle	73	109
	heart failure, asthenia, etc. It me injury or complication which					
	ANGEGERA	050				0
z	ANTECEDENT CAUSES					
0	DISEASES OR CONDITIONS,	IF ANY, GIVI	NG DUE TO	<i>P</i>		
CATION	UNDERLYING CONDITION L	AST.	HE DUE TO			E
FIC						
RTIF	11		(C)	<u> </u>		
RA	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT			lu. 1		2 ()
U	TO THE DISEASE OR CONDITIO			way.		20. AUTOPSY?
1	19a. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	KATION		YES NO NO
Ü	21A. ACCIDENT. SUICIDE,	1 218 Pl	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City, g	120 -
EDICA	HOMICIDE (Specify)	about home,	farm, factory, street, office bldg.,		,	
Σ	-04) (77)		ED 21F, HOW DID INJUR	V OCCUP?	
	FINJURY (Month) (Day) (Year		21E. INJURY OCCURR WHILE ATT NOT WHILE	ED 21F, HOW DID INJUN	H OCCUR!	
h		m.	WORK AT WORK			
	22. I hereby certify that hat	tended the	deceased from	1932, to_	24 hrs, 19 f	that I last saw the
	deceased alive on Y			rred at 12: 1 m. from	the causes and on th	ie date stated above.
	23A. SIGNATURE	0	0 1 2	38. ADDRESS	(23c. DATE SIGNED
	13. C	ele	M. D.	1115. 1 sol	V-	122 hr 1625
2. TI	AA. BURIAL, CREMA- 24B. DATE DN, REMOVAL (Specify)		24c. NAME OF CEMETE		LOCATION (City, town,	or count() / (State)
_				er Cemetery Ba	ltimore, Md.	
	ATE RECEIVED BY REGISTRAN	'S SIGNATI	JRE	25. FUNERAL DIRECTOR		ADDRESS
		ystorial	VILLIAUNOMER	Elmer W. Con	klin 924 E	Eggan St
	vs 150	0	Way 8,7 4	1 6 9 8 9	•	



Estam Caso BALTIMORE CITY HEALTH DEPARTMENT Registered No. ERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased Uped. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RU AL and give C. CITY OR TOWN A JOHNS HOPKINS HOSPITAL INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGUE MARRIED 9. AGE (In years if Under 1 Year if Under 24 Hours last birthday) Months; Days Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kied of 11 BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME now 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (If yes, give war or dates of service) THIS HOPKINS HOSPITAL (Yes, no or unknown) SECURITY NO. DNO INTERVAL BETWEEN 18. 32 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CHIEF OR ASST, MEDICAL EXAMINER, YES EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE AT WORK 1952 that I last saw the 19 52to 22. I hereby certify that I attended the deceased from. 1952, and that death occurred at 10.45 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS FICKING HOSPITAL 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION_REMOVAL (Specify) ASS A on DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR LALL VS 150

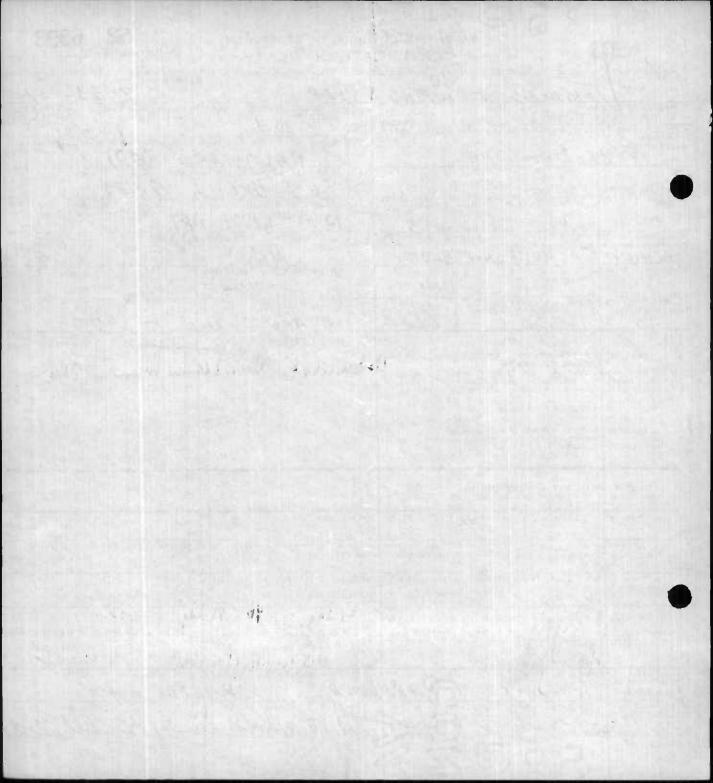
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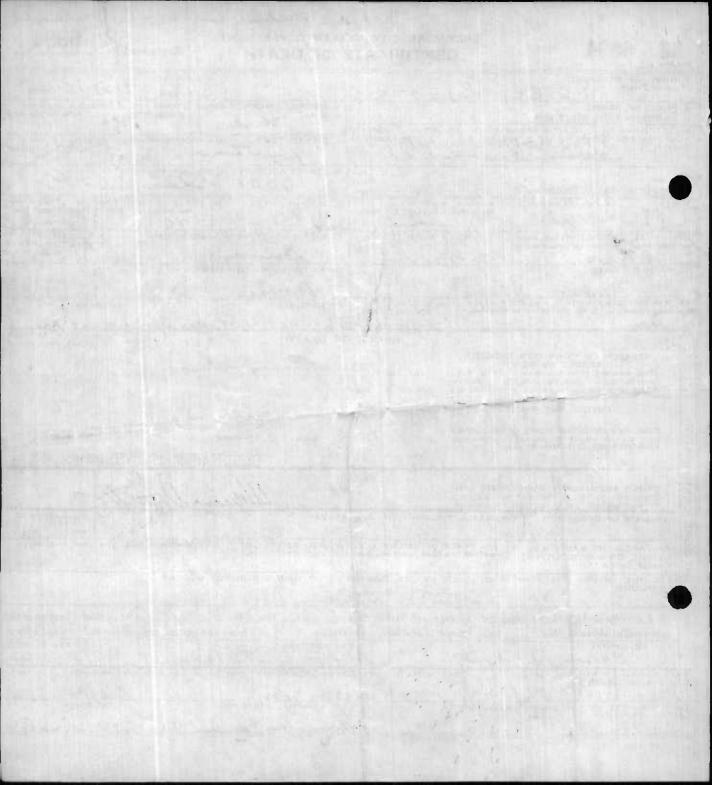
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6993
Registered No.

В	RTH NO.	100 mg		CERTIFICAT	E OF DEAT	H Mega	stered NO.	
1.	NAME OF D	The second secon				2. DATE		
		THOMAS	2 ED	WARD	IZE	OF DEATH		23-5-2
	Baltimore (City, Maryland			A. STATE	ENCE (Where deceased B. COL		itution: residence before admission)
В.	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address of location		•		20
i.	STUTUTION	200000	AUE		c. CITY OR TOWN		rate limits, w	rite RURAL and give township)
H	6618	BROWN	1 V France C	Yrs.		ESS (If rural, give loc	(24)	
	enoth of s	tay in Baltimore		60 Mos.	6610 7	ROWN A	NE	
5	SEX	6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIRT	H 19 AGE Un	years II Unde	I Year If Under 24 Hours
	M	W	1 1 1	/ED, DIVORCED (Specify	12 MAY	1871 Slast birth	nday) Month	B Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, eyen if retired	1 10B. KIND	OF BUSINESS OR	II. BIRTHPLACE	State or foreign country) 12	CITIZEN OF
	ACHINI		SHIP	BLDG. INDUSTRY	Ma	<i>'</i> .	355	WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MA			
				UNK	-6	INK-		
15 (Ye	, WAS DECEASI	D EVER IN U. S. ARME (If you, give wer product	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDF	RESS
	No	No		NONE	HOWARD !	T. DIZE -	- 51	4mE
	18. 4/2	2. /		CAUSE	OF DEATH	1 1		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		P.L.	11/0	1.1.10		- AND DEATH
	(This does	not mean the mode re, asthenia, etc. It mes	of dying, e. s	(A) YF (C	un entra tro	and Vasulas V	426m	34/10-
	injury or	complication which	caused death	DUE TO				
		ANTECEDENT CAU	SES					
Z	DISFASES	OR CONDITIONS,	E ANY CIVIN	(B)	••••••••••••••••••••••••	***************************************		
TION	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	IE DUE TO				
CA	OILD LILL	THE CONDITION L		(C)				
E		11						
ERTI	OTHER S	IGNIFICANT COND	ITIONS CON	f -				
Ü	TO THE D	SEASE OR CONDITION	CAUSING I	т				
A L	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
ICA	21A. ACCID	ENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g.,	n or 21c. WHERE D	OID (If in Baltimor	re City, give	exact location)
EDI	LYING OF	R CONTRIBUTING [about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCU	R?	, ,	
Σ	21D. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
	OF INJURY			WHILE AT NOT WHILE				
	22 I hanah	ar Annaiden all ma I ma	m.	WORK AT WORK	114	6. 23 dut.	1050	
	deceased al	y certify that I at		and that death occur	rred at 12:20 m	from the case as		hat I last saw the
	23A. SIGNA		my I Valence		38. ADDRESS M	, from the curses a		3c, PATE SUSNED
		Mund my	namad	M. D.	1813 11.11	liller Ou		as dulyst
	N. REMOVAL (S	REMA- 24B. DATE		24C. NAME OF CEMETE		24d, LOCATION (Ci	ty, town, or c	county) (State)
1	URIAL	7-26-		YARKWO		BALTO.	md.	
Lo	TE RECEIVE	D BY REGISTRAR	SSIGNATU	17/11	25. FUNERAL DIR	ECTOR 10	AC	DRESS
	JUL 25	1952 7 June	neglow	My Junamis My	Valle 1820	fix Bradley	, Kless	lolk, Mrd.
	VS 150		0	Charles and the state of the st	Maria de la companya della companya	1		



Unt a melist Examines C BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) PETER STEYER DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Josephs Hoppita HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR JOWN INSTITUTION 45 - Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (in years | H Under | Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH If Under 24 Hours 9. AGE (In years) WIDOWED, DIVORCED (Specify) manual 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? USA Eline 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANTO Marit 15. WAS DECEASED EVER IN U. S. ARMED FOR ES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (4) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT NOT WHILE m. WORK AT WORK 22. I hereby certify that I attended the deceased from. 195 2-to. that I last saw the . 19 and that death occurred at 10 3 km., from the causes and on the date stated above. deceased alive on 1/23 23c. DATE SIGNED 23A. SIGNATURE 23 aro 24A. BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) VYOOD 110 xxi al 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

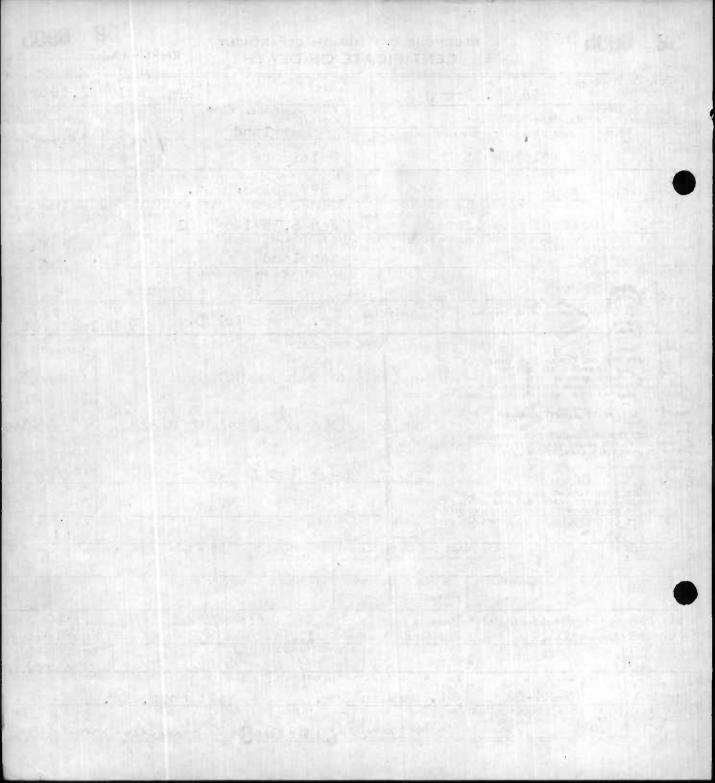


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	UN	0333
Registered	No	

В	RTH NO.				- 0. 22		
1. (T	NAME OF D		. C. B:	rown		2. DATE OF JU	ly 23,1952
B.		City, Maryland		tion, give street address or location)	C. CITY OR TOWN ((Where deceased lived. B. COUNTY	If institution: residence before admission mis, write RURAL and give township.
	Length of s	etay in Baltimore		Yrs. Mos.	Baltimore D. STREET ADDRESS (1) 577 Dolphin		
_	sex emale	6. COLOR OF RACE	MIDOA	Days E. MARRIED, VED, DIVORCED (Specify) DWCd	B. DATE OF BIRTH Jan 6.1871	9. AGE (In years)	H Under 1 Year H Under 24 Hours Months Days Hours Min.
wor	House's	CCUPATION (Give kind of of working life, even if retired) Wife	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland		12. CITIZEN OF WHAT COUNTRY
		d Thomas	FORCES?	I 16. SOCIAL	14. MOTHER'S MAIDEN	Swann	
(Ye	NO OF BREADWRD	(If yee, give war or date	of service)	SECURITY NO.	Mr. Frederic	k D. Brown	Dolphin St
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of the complete of the comp	TH of dying, e., ons the diseas caused death	E. (A) Cereby	of Death	26	onset and death
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				trio sclere	is alon	7 years
AL C		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC	HOMICIDE	(Specify) (Month) (Day) (Year)	(Hour)	ACE OF INJURY (e.g., it farm, factory, atreet, office bldg., e 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	tc.) INJURY OCCUR?	nisa.	7, give exact location)
TIC PO	deceased a 23A. SIGNA A LA. BURAL. NN. RENOVAL (S UTIAL ATE RECEIVE CCAL REGIST	CREMA- 24B. DATE PRECIFY) 7-26-5 D BY REDISTRAN	1952. Bim 2	deceased from 2- and that death occur M.D. 2 4C. NAME OF CEMETER Mt. Auburn	3B. ADDRESS	the causes and on KLY P LOCATION (City, towaltimore, 1	State I last saw the the date stated above. 239 DATE SIGNED 1 - 5 9 wn, or county) (State) ADDRESS 57 Factor All Mides Diddle #
	VS 150		- Y		0		1



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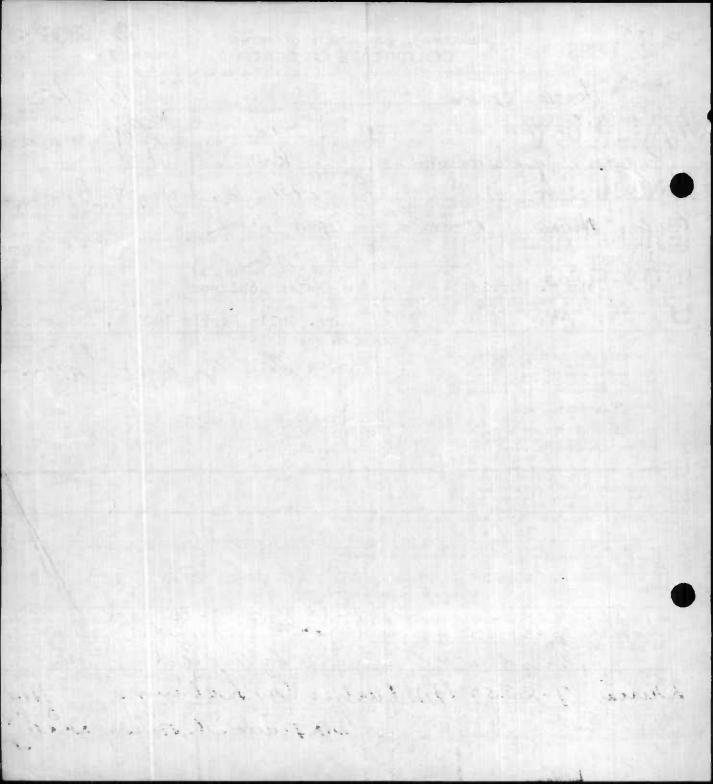
DATE RECEIVED BY

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5. FUNERAL DIRE

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ised G. Hillythe Dedde

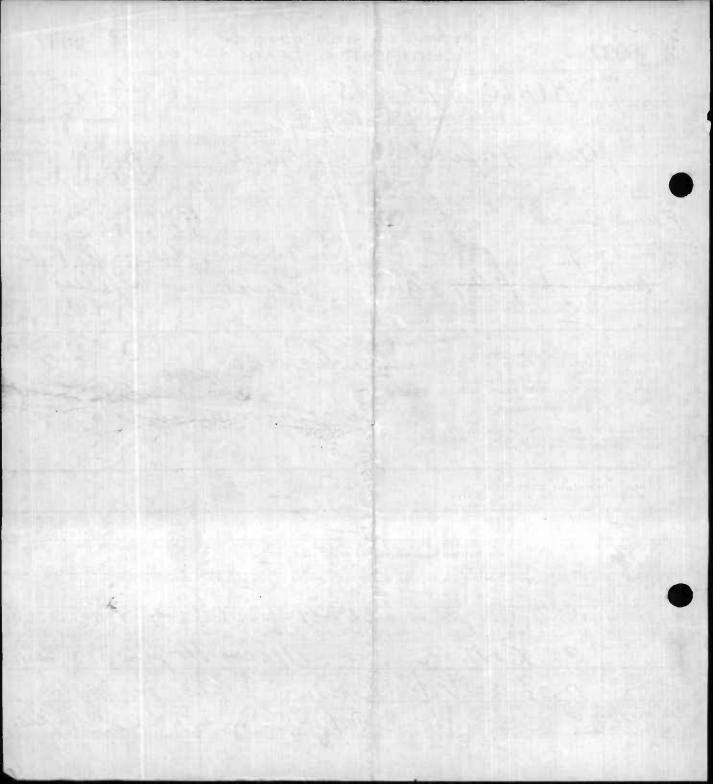


5	40
52	6997
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6997
Registered No.

BI	RTH NO.		
(T;	NAME OF DECEASED MAMIE THOMA.	2. DATE OF DEATH	Ly 23 th /9/2
	Baltimore City, Maryland Baltimore City, M	4. USUAL RESIDENCE (Where deceased lived B. COUNTY	
HC	FULL NAME OF (If not in hospital or institution, give street address or location)		nits, write RURAL and give
3	STITUTION Mercy Hospital	Belomore 1	township)
	Yrs. Mos.	D. STREET ADDRESS (If rural give location	74 /
5	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (IN YEARS	M Under 1 Year M Under 24 Hours
	Fernal Caloneol Widowed, DIVORCED (Specify)	last birthday)	Months Days Hours Min.
	A. USUAL OCCUPATION (Givekind of done during most of working life even if retired) House W. (4)	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.6
15	WAS DECEASED EVED IN II C ADMIT SOSSESS TO THOMAS	_ roussa - n	july.
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	18. / 0 9 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	chexia	3
	heart failure, asthonia, etc. It moans the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	arcinoma chi	
NOIT	DISEASES OR CONDITIONS, IF ANY, GIVING	cicuma, ou	
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
ERTIFICA	(C)		
F	OTHER SIGNIFICANT CONDITIONS SOL		
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
AL	0		YES NO
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore Cit	y, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		
1	22. I hereby certify that attended the deceased from 22		52 that I last saw the
	deceased alive on 3 July 1952, and that death occur		
	C. LNZ' In M.D.	Che cay Hoopin	23c. DATE SIGNED
	A. BURIAL, CREMA- 248. DATE 228. NAME OF CEMETE N, REMOVAL (Specify) 7-28-52	RY OR CREMATORY JAD. LOGATION (City) to	wn, or county (State)
	TE DECEMENT DV		
	THE RECEIVED BY REGISTRAR'S SIGNATURE JUL 25 1950 Huntington Williams M	Mra dia series A	W Biddle



BALTIMORE CITY HEALTH DEPARTMENT

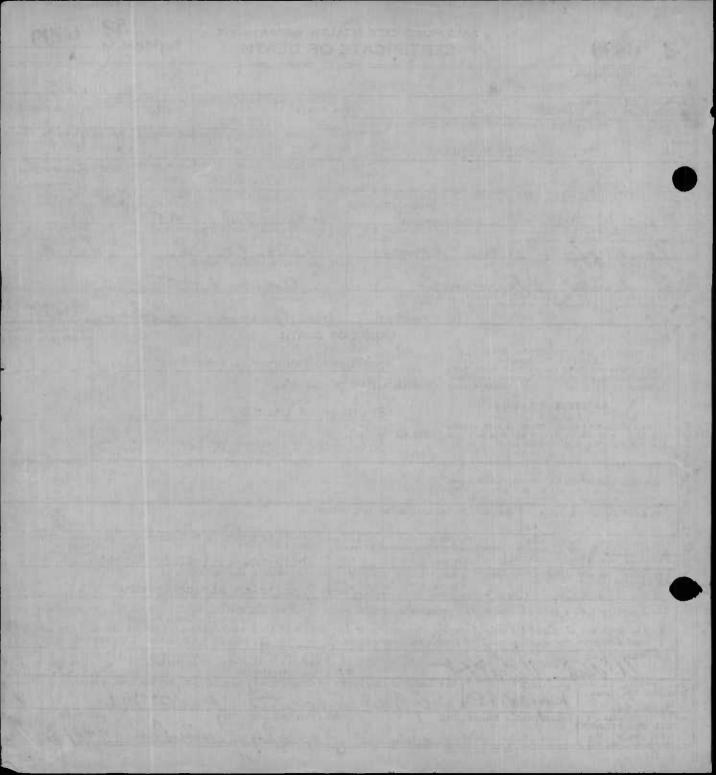
	RTH NO.				CERTIFI	CATE	OF DEATH	Registered No.	6888
1. (T	NAME OF ype or Print)	DECEASED &	inal	eton ?	Germand	04	ughes	2. DATE OF DEATH July	23,1952
Α.		City, Marylar		Bui	4		4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	itution: residence before admission)
H	FULL NAME DSPITAL OR ISTITUTION	OF (If not in	hospita	l or instituti	on, give street ad	dress or ocation)	C. CITY OR TOWN (If	outside corporate limits, w	
7	3	JOHNS HO	PKINS	HOSPI	TAL		Baltim		township)
		stay in Baltim				Yrs. Mos. Days	11110 M.	rural, give location)	
	Male	6. COLOR OR		WIDOW	E, MARRIED.	(Specify)	Mor. 8, 1882	9. AGE (In years II Und last birthday) Month	l Year If Under 24 Hours S Days Hours Min.
wood	A. VEUAL O	CCUPATION (Giv tof working life, even i	e kind of fretired)	10в. KIND	OF BUSINESS	OR	11. BIRTHPLACE (State or for	oreign country) 12	CITIZEN OF WHAT COUNTRY?
13	Smola	ton R.	44	unho			14. MOTHER'S MAIDEN N	Bas 2d	
15 (Ye	. WAS DECEAS	SED EVER IN U.S.	ARMED	FORCAS? of service)	16. SOCIAL SECURITY	Y NO.	17. INFORMANT HOPKII	NS HOSPITAL ADD	RESS
ERTIFICATION	heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDI- LEADING TO SENT TO THE METERS T	DEATI mode of It mean which ca CAUSE ONS, IF SE (A) S	H dying, e. g s the disease used death. ES ANY, GIVIN STATING TH.	(B)	AR	YDRATION + A		ONSET AND DEATH
CEF	TRIBUTIN TO THE !	G TO THE DEATH	I, BUT N	CAUSING IT	D r				
AL	19A. DATE	OF OPERATION	0 19	B. MAJOR	FINDINGS OF	OPERA	TION		20. AUTOPSY?
1EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or labout bome, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?								
Í	F INJURY	(Month) (Day)	(Year) (21E. INJURY OF	CCURRE	D 21F. HOW DID INJURY	Y OCCUR?	
				m.)	WORK L	T WORK L	1 2 5	7.12.11	
		by certify that dive on 7 =	t I atte	nded the	deceased from	h occurs	- 20, 1952, to red at 3.15 \(m., from t	7-23, 1952 t	hat I last saw the
	23A. SIGN		.1	Re	The		B. ADDRESS		3c. DATE SIGNED 7-23-52
3	REMOVAL (Specify) 7-	ATE -Z	3-57	MAL.		Mun K	altumore	md
	TE RECEIVE		TRAR'S	SIGNATU	RE		5. FUNERAL DIRECTOR	7 LL 1 AI	DDRESS 5784

· Validation (24 (4) 18 (18 24) 1 1 1 1 1 I THERE AT EAST WILLIAMS CHARLES HERE THE PROPERTY OF STREET

		TIMORE CITY HE	E OF DEATH	52 Registered No.	6999		
	1. NAME OF DECEASED (Type or Print) ROSA	DOHMER		2. DATE OF DEATH July 2/	. 1952		
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)		4. USUAL RESIDENCE (Wh A. STATE Maryland	ere deceased lived. If insti B. COUNTY	tution: residence before admission		
ı	St. Joseph's Hospi	tal	Baltimore	utside corporati limits, w	township		
K	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If ru 4712 Hazel	Avenue 8	Arenice		
	Female White widow	MARRIED, ED, DIVORCED (Specify) OF BUSINESS OR	Mark 15 1 8/67 11. BIRTHPLACE (State or fore	9. AGE (In years last birthday) Months			
	work done during most of working life, even if retired) 13. FATHER'S NAM	home	Balts. Co. 7	nd. n	WHAT COUNTRY		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR ADDR	ESS		
	18. E 8/2.4	CAUSE	OF DEATH	Dohmes	INTERVAL BETWEE ONSET AND DEAT		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tracture of cervical vertebra (A) Fracture of cervical vertebra (A) Fracture of cervical vertebra (A) Fracture of cervical vertebra (B)						
	ANTECEDENT CAUSES Fracture of pelvis						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Comminuted fracture of left tibis and fibule (C) Comminuted fracture of left tibis and fibule (C) THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D					
	U 19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
	UNDERLYING OF CONTRIB. about home, fe	CE OF INJURY (e. g., li arm,factory,street,office bldg., creet	White and Plai		26-1		
	OF INJURY	HILE AT NOT WHILE WORK					
	22. I certify that I took charge of the the evidence obtained by said Auto and death in my opinion resulted for	nsu. Inspection or l	Autopsy, In Inquiry, find that said dec	spection or Inquiry seased died on the d , homicide [], unde	termined [].		
		MC. NAME OF CEMETE	23B. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL EXAMPLE ASSISTANT MEDICAL INVESTIGATORY OR CREMATORY 24D. LOG	XAMINER	v 25, 1952 ounty) (State)		
	DATE RECEIVED BY REGISTRAR'S SIGNATU	Woly Bedence	25. FUNERAL DIRECTOR	alto. md.	DDRESS		
	VS 151 // - East 2	Aliques MP	Kassahn Rus	wer of Home 7.	401 Below		

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

805.2



52 7000

BALTIMORE CITY HEALTH DEPARTMENT

52 7000

BI	IRTH NO.			CERTIFICAT	E OF DEATH	registered	110.
	NAME OF DE	ECEASED	MARI	IE HO	RNOSTA	2. DATE OF DEATH	ULY 23-52
	Baltimore C	EATH: Sity, Maryland	911	LICHT ST	4. USUAL RESIDENCE	(Where deceased lived.	If insutution; residence before admission)
B.	FULL NAME		pital or institut	ion, give street address o	MAR	VLANI) service admitation)
	OSPITAL OR			lecation	C. CITY OR TOWN	outside corporate lin	wite RUHAL and give township)
-					DALI	MARE	Coversing)
	amouth of at			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	Cx
	SEX SEX	tay in Baltimore	E 7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	H Under 1 Year If Under 24 Hours
1	EMALE	WHITE	WIDOW	PRRIED (Specify	JULY-22-8	last birthday)	Months Days Hours Min.
	k dooe during most of	f working life, eveo if retire	of 10s. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	14000	it WIFE			KUSSIA		
1.3	FATHER'S N	AME	8415	11	14. MOTHER'S MAIDEN	. 1	
1.5	MAS DECEASE	D EVER IN U. S. ARM			NOII		
(Ye	a, no or uokoowo)	(If yes, give war or da	stem of mervice)	16. SOCIAL SECURITY NO.	MRS FLIA	Kostino 4	36 N. KEN WOOD
	18. 33	3 / X .		CAUSE	OF DEATH	7100////	INTERVAL BETWEEN
		E OR CONDITION	N DIRECTLY		1-		ONSET AND DEATH
	(This does	not mean the mode	of dying, e.	8., (A)	1 Leves	20 con	24lan
	heart failu injury or	re, asthenia, etc. It m complication which	eans the diseas caused death	se, n.) DUE TO	1 1		1
		ANTECEDENT CAL	USES	/	and		
Z				(B) P	1 1./	1. Jung 1. Jung 1.	2 day
F	RISE TO TH	OR CONDITIONS	A) STATING TI	HE DUE TO	was /	in the	74-
CA	UNDERLY	ING CONDITION	LAST.	1	TEMPER STORY		
H		11		101 Les	rece ha	sal	2 km
RT.		IGNIFICANT CON			1,200 1111		
CE	TO THE DI	TO THE DEATH, BU			/occurr	7	
4	19A. DATE OF	FOPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
CA	21A. ACCIDE	NT, SUICIDE,	218 PL	ACE OF INJURY (c. g.,	in or 21C. WHERE DID	(If in Baltimore City,	YES ND
4ED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.	etc.) INJURY OCCUR?	(11 in Bartimore City)	give exact location)
	21D. (1	Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURF	ED 21F. HOW DID INJU	JRY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereby	certify that I a	ttended the	deceased from	iles 1950 to	Sel 23, 19.	57that I last saw the
				and that death occu	rred at 2 Am., from	10000	the date stated above.
	28A. SIGNAT	URE V	00		23B. ADDRESS	1 1 / -	23C. DATE SIGNED
d		we sh	ulle	м. р.	1220/10	rance 5	77/20/52
TIC	N. REMOVAL (ST	REMA- 24B. DATE	26-50	NAME OF CENETE	MITTER NUMBER	LOCATION (City tow	n, of county) (State)
DA	TE RECEIVED	BY EGISTEAL	R'S SIGNATU	The state of the s	PB. FYNERAL DIRECTO	R	DDRESS
	JUL 251	9521 Min	luglon	Williams, My	J. Dreblia	celle N 19	05 6 Track st
	VS 150		INDE	3 3 50			

